



The Health of Norwich



1972



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CITY AND COUNTY OF NORWICH

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1972

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Health Committee

(As at 31st December, 1972)

Lord Mayor:

R. B. SEABROOK, ESQ.

Chairman:

COUNCILLOR MRS. J. L. MORGAN, J.P.

Vice-Chairman:

COUNCILLOR T. F. HUNTER, B.SC., PH.D. (EDIN.)

Members:

Councillor MRS. P. M. PETERSEN

„ E. PRITCHARD

„ L. G. RICHARDS, B.D.S., L.D.S., R.C.S. (ENG.)

„ R. W. ROE

„ C. R. SMITH, B.A.

„ THE REV. M. J. WEDGEWORTH, M.A., B.SC.

Co-opted Members:

A. E. WALKER, M.R.C.S. (ENG.), L.R.C.P. (LOND.)

A. S. WOOLSTONE, M.R.C.S. (ENG.), L.R.C.P. (LOND.)

Representatives of the Norwich Local Medical Committee

P. JOHNSON, L.D.S., R.C.S. (ENG.)

Representative of the Norwich Executive Council

STAFF OF HEALTH DEPARTMENT

(As at 31st December, 1972)

Medical and Dental Staff

Medical Officer of Health and Principal School Medical Officer

J. R. MURDOCK, (Mod.), B.A., M.D., D.P.H., D.C.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer

D. B. HILL, M.A., M.B., B.Chir., L.R.C.P., M.R.C.S., D.P.H., M.F.C.M.

Senior Medical Officers in Department

Maternity and Child Welfare Services
(Vacant)

School Health Service

J. L. STEWART, M.D., Ch.B., M.F.C.M.

Medical Officers in Department
(3 vacancies)

Part-time Medical Officers (equivalent to 2.5 whole-time) attend clinics and undertake school medical inspections on a sessional basis.

Principal School Dental Officer

P. I. CHRISTENSEN, B.D.S., L.D.S.

School Dental Officers

J. M. MITCHELL, L.D.S., R.C.S.(Edin.)

R. A. FELLA, B.D.S.

H. BRADLEY-WATSON, L.D.S., R.C.S.(Eng.)

1 part-time

(1 whole-time, 1 part-time vacancy)

6 Dental Surgery Assistants

(1 whole-time, 1 part-time vacancy)

Nursing and Allied Staffs

Health Education Organiser

MISS J. EVA, S.R.N., S.C.M., H.V., Diploma in Social Studies (Dist.) (Lond.)

Assistant Health Education Organiser

Technical Assistant

Director of Nursing Services

MISS D. B. BOXER, S.R.N., S.C.M., M.T.D., H.V., Queen's Nurse

19 Health Visitors

(3 vacancies)

6 Health Visitors Assistants

Nursing Officer (Midwifery)

MISS J. HORN, S.R.N., S.C.M., H.V., Queen's Nurse

15 Domiciliary Midwives

(2.5 equivalent vacancies)

Nursing Officer (Home Nursing)

MISS K. WEBLEY, S.R.N., S.C.M., Queen's Nurse

16 whole-time, 3 part-time Home Nurses

7 Bathing Attendants (part-time) equivalent to 3.5 whole-time

School Health Assistant

Chiropody Service

Chief Chiropodist

E. C. COMBER, L.Ch., H.Ch.D.

Chiropodists (part-time) equivalent to 2.7 whole-time

(0.6 equivalent whole-time vacancies)

Foot Hygiene Attendants

Equivalent to 3.4 whole-time

Speech Therapists
Equivalent to 1.9 Whole-time
(1.3 equivalent vacancies)

Physiotherapist

Public Analyst
ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C. (Part-time)

Ambulance Staff

2 Section Leaders, 28 Driver/Attendants, 1 Motor Mechanic
1 Apprentice Mechanic

Public Health Inspectorate

Chief Public Health Inspector
J. H. SMELLIE, M.R.S.H., F.A.P.H.I.

Deputy Chief Public Health Inspector
A. G. WELCH, F.R.S.H., M.A.P.H.I.

9 Inspectors
(including 1 Senior Public Health Inspector (Food Hygiene) and
1 Senior Public Health Inspector (Air Pollution Control))
4 Trainee Public Health Inspectors
(1 vacancy)

4 Authorised Meat Inspectors
1 Cleansing Inspector, 3 Cleansing Assistants
(including 1 Temporary)
4 Technical Assistants

Administrative Staff

Senior Administrative Assistant
K. H. CAMPLING, D.M.A., L.H.A., L.M.R.S.H.
32 Whole-time, 1 part-time Administrative Staff

Weights and Measures Staff

Chief Inspector of Weights and Measures
E. E. SCOTT, M.I.W.M.A.

Deputy Chief Inspector of Weights and Measures
G. H. PERKS, M.I.W.M.A.

2 Inspectors, 2 Technical Assistants
2 Trainees
2 Administrative Staff



INTRODUCTION

I have pleasure in presenting this the 82nd Annual Report of the Medical Officer for the City and County of Norwich and in view of the re-organisation of Local Government and of the National Health Service, the penultimate one.

The report covers a year of solid hard work by the Department. Solid work carried out with tremendous difficulties and indeed, difficulties which are increasing rather than decreasing. The first of these arises from professional staff shortages, particularly on the medical side. These have been inevitable for some years owing to the relatively poor remuneration of doctors employed in the Local Health Service and of those in other branches of the National Health Service. This has not only reflected itself in paucity of numbers, but also in the calibre of some of the entrants. So far as the administrative side is concerned, shortages have become apparent here too. These, however, to a large degree, have been associated with re-organisation. Re-organisation of the Health Service obviously has had a disturbing effect on the medical and professional staffing, but it has also affected the administrative staff. The result now is that, when staff retire or leave, it is virtually impossible to obtain suitable replacements. This means that the whole machinery of the Department has begun to creak and I fear the creaking will increase in volume until after re-organisation. This is greatly to be regretted as, of course, it must ultimately affect the quality of the service, a service of which the Department has been, for many decades, extremely and rightly proud, but I can see no ready immediate answer.

Re-organisation

As I pen this preface Local Government Re-organisation has been completed and the stage is set for the next, who knows, 20 or 30 years. Gone are the glories of the City and County of Norwich as a Local Health Authority. Instead it becomes a district of part of an enlarged County. So far as National Health Re-organisation is concerned, the Bill has not yet received Royal Assent, but the pattern is quite clear. All of this re-organisation both Local Government and of the National Health Service, has borne heavily especially on the Senior Officers of the Department. Apart from officers having to go on course to be integrated or converted or both, and conversion of course, is certainly not, and indeed is not meant to be in this context, a religious experience, but conversion from Medical Officer of Health to Community Physician. Apart from all this, there has been a spate of meetings and much preparatory work towards re-organisation. On the health front, Joint Liaison Committees were set up in July 1972. These, as most members are probably aware, are purely Officer Committees, they

have no Executive role and their remit is merely to explore and suggest possible courses of action. These have sub groups, sub committees, etc. This is the pattern at Area and is reproduced to a considerable degree at Region. While of course, the new Health Service will be a three tier service, the Department of Health and Social Services, Region and Area, there are those who fear that it will be more bureaucratic and much further removed from the consumer as the patient. Time alone will tell.

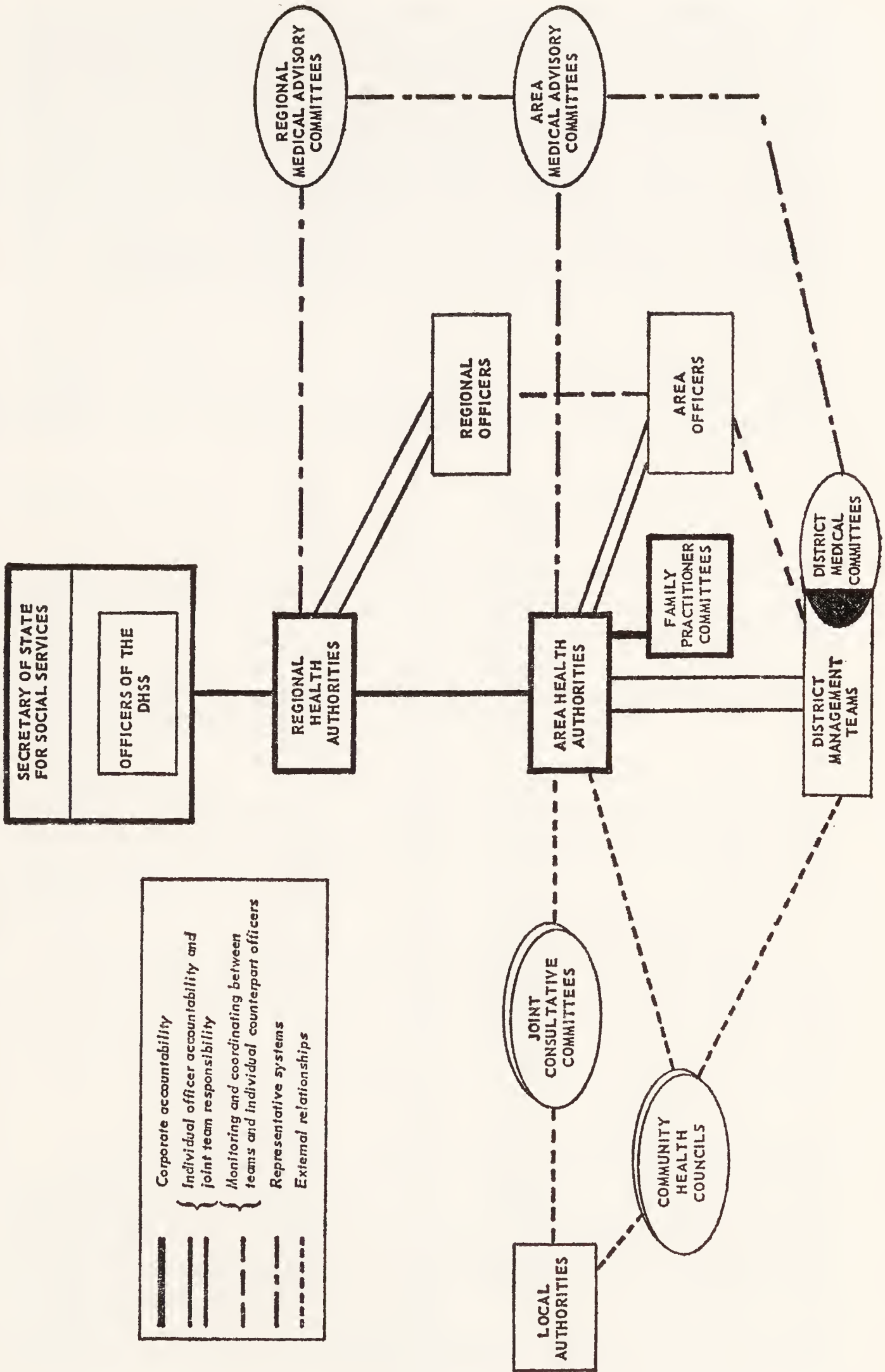
As not all will be equally familiar with the organisation of the new Health Service I reproduce overleaf a diagram from the Department of Health and Social Security book "Management Arrangements for the Re-organised National Health Service" Her Majesty's Stationery Office, 1972.

I think it is generally conceded that the time was ripe for a re-organisation of the Health Service and indeed of Local Government too. Whether this has proceeded on the best possible lines is another matter. However, one must remember that the National Health Service of this country, employing as it does some 750,000 people, is the largest single employer of labour in Western Europe. It is also an extremely costly service, the annual bill being £2,255 millions and accounts for some 4.7% of the Gross National Product. In terms of finance, it is interesting to note the relationship of the cost of the National Health Service to certain sources of taxation. Beer, wine and spirits produce £1000 millions annually, tobacco tax produces £1125 millions. So on a facile examination, tobacco taxation pays roughly for half of the National Health Service, but the word "facile" is used deliberately. One has to bear in mind that 4.5% of all general hospital beds it is estimated are "tobacco beds"¹ and with acute medical beds today costing £90 to £130 per week, depending upon whether it is a non-teaching or teaching hospital, large sums of money are involved, but this, of course, is a gross over simplification. What about the untold suffering and misery which is involved? Furthermore it is said that some lower income families are spending up to one third of their income on cigarettes.¹ Certain it is that now smoking of cigarettes is largely a social class habit.

The National Health Service exists basically for the care of the patient, either in a therapeutic or, and this side has been grossly under-played for many years, a preventative sense. It is reasonable from the patient's point of view that all the medical care he needs should be delivered by one organisation, i.e. a unified National Health Service, as opposed to the tripartite pact which has existed since 1948 and while this has been the envy of many nations in different parts of the world, it has occasionally had difficulties owing to its tripartite structure. There is, however, one gross omission in

¹ The Practitioner 1970 595

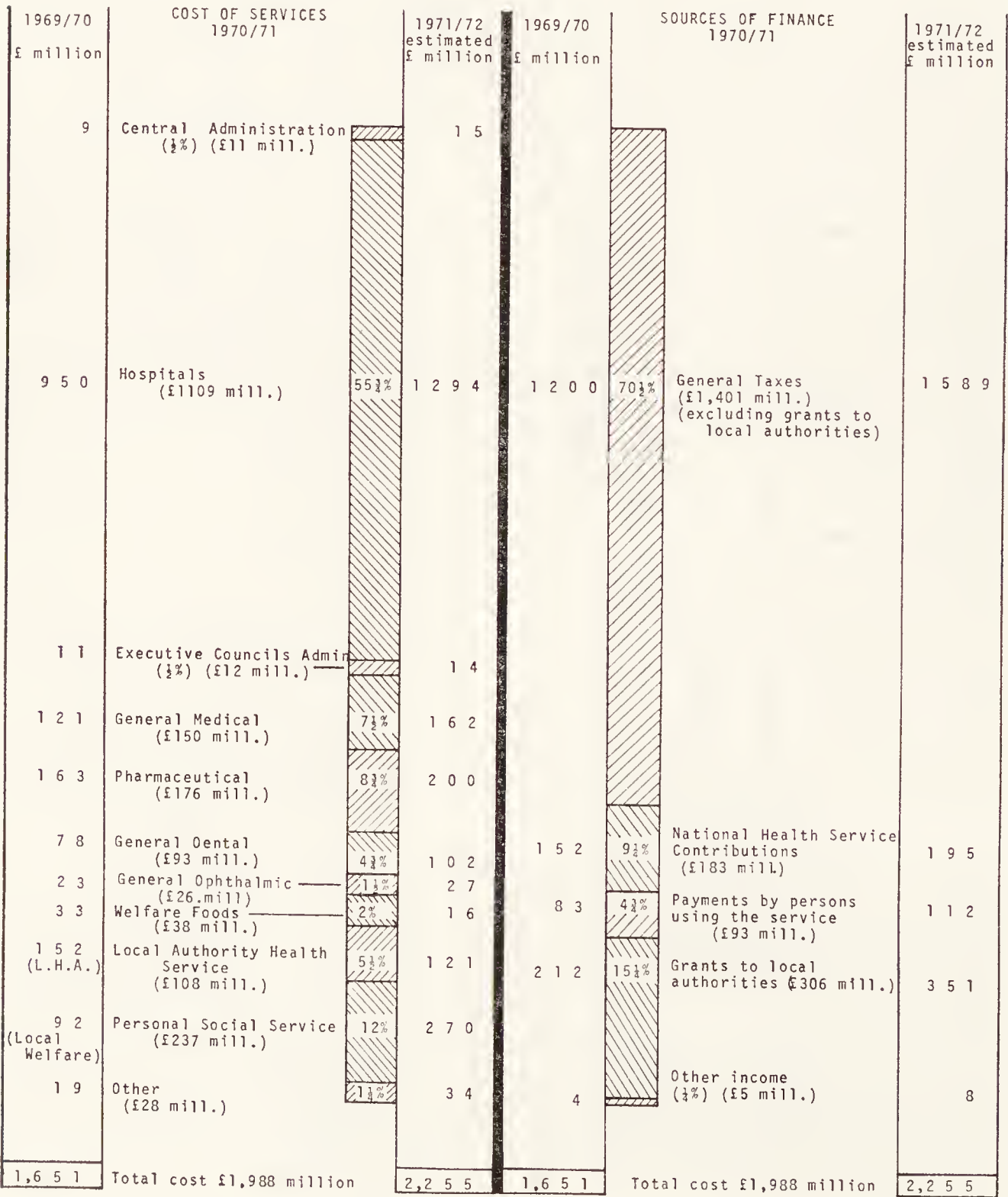
FRAMEWORK OF THE ORGANISATION STRUCTURE



the proposed re-organised Health Service and I mention it only lest it be forgotten because it is clearly too late now for anything to be done about it. As I wrote in my Annual Report for 1967, one cannot divorce health and welfare, and to leave the Social Services Department, which is so responsible for caring for people, out in one camp and the National Health Service in another, is scarcely an ideal arrangement. Bridges will have to be built and it is up to those on both sides to build them as quickly and as expertly as possible and to see in the interests of patients that there is plenty of traffic using them from one camp to the other.

HEALTH AND PERSONAL SOCIAL SERVICES

(England)



It is interesting to look a little more closely at the financial side of the National Health and Personal Social Services in England. I give above a Table which shows detailed expenditure under broad heads for the Health and Personal Social Services for England for 1960/70 and 1971/72. It is interesting to note that, as the total Local Authority Health Services, which include ambulance, home nursing, midwifery, etc., only account in total for 5½% of the bill, the preventative services, which have been neglected financially for years, account for a very small part of the cost. Salaries and wages account for the bulk of the cost of the hospital service. Indeed to be precise 68% of the costs are under this heading. It is, therefore, vitally important that maximum use is made of these expensive facilities and that as much care as possible is delivered in the form of primary care, i.e. by the family doctor and the domiciliary team. This, of course, includes home nurses, health visitors etc., and, it is to be hoped, will also include an attached social worker.

Infectious Disease

It is well known that infectious disease is no longer the problem it was even as recently as 10 or 15 years ago. We now have effective prevention against whooping cough, diphtheria, poliomyelitis, German measles, measles, tuberculosis etc. The degree of protection, however, varies from disease to disease and inoculation is most effective where the causative agent produces an exotoxin as in the case of tetanus and diphtheria.

Measles, a very common disease of childhood, can be controlled by immunisation. It is true that most kiddies not having been protected contract the disease and escape without any dire effects but a certain number are not so lucky, as the following Table shows.

DEATHS FROM MEASLES—ENGLAND AND WALES ¹												
1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
32	153	40	128	74	116	81	100	51	36	42	28	22*

* Figure for first three quarters only available

Further the frequency with which potentially serious complications of the disease occur has perhaps not been generally appreciated. An enquiry some years ago revealed that one in every fifteen persons with measles developed a potentially serious complication. These included severe bronchitis, pneumonia, otitis media, neurological disturbances and indeed just over 1% of all cases of measles were admitted to hospital.

¹ Registrar-General's Statistical Reviews

Last year 387 cases of measles were notified to us. We know that there were at least this number in the community—how many more I would not care to hazard a guess. It is true that the protection against measles is not so cast-iron as that against diphtheria or tetanus, measles being, of course, a virus disease, but it is a very worthwhile protection, and it is sad to have to record that only some 37% of children are immunised in early childhood. The official recommendation is after the first birthday and to delay it unduly, or to deprive a child altogether, is inviting trouble. This poor uptake in infancy necessitated our going into the Infant Schools and first year Junior Schools to immunise those who have not had the protection or have not contracted the disease. Parents are strongly advised to ensure that their child is immunised at about twelve months. Family doctors are very happy to do this or we are pleased to undertake it at the parents' request in our clinics.

So far as the general pattern of vaccination and immunisation in the community is concerned the picture is indeed a satisfactory one. Members will know that for some few years now the Department of Health has published a league table for each authority showing percentages of children who within the first two years of life have been protected against whooping cough, diphtheria and poliomyelitis.

The figures are as follows:—

		WHOOPING COUGH	DIPHTHERIA	POLIOMYELITIS
		%	%	%
ENGLAND	...	79	81	80
NORWICH	...	82	83	84

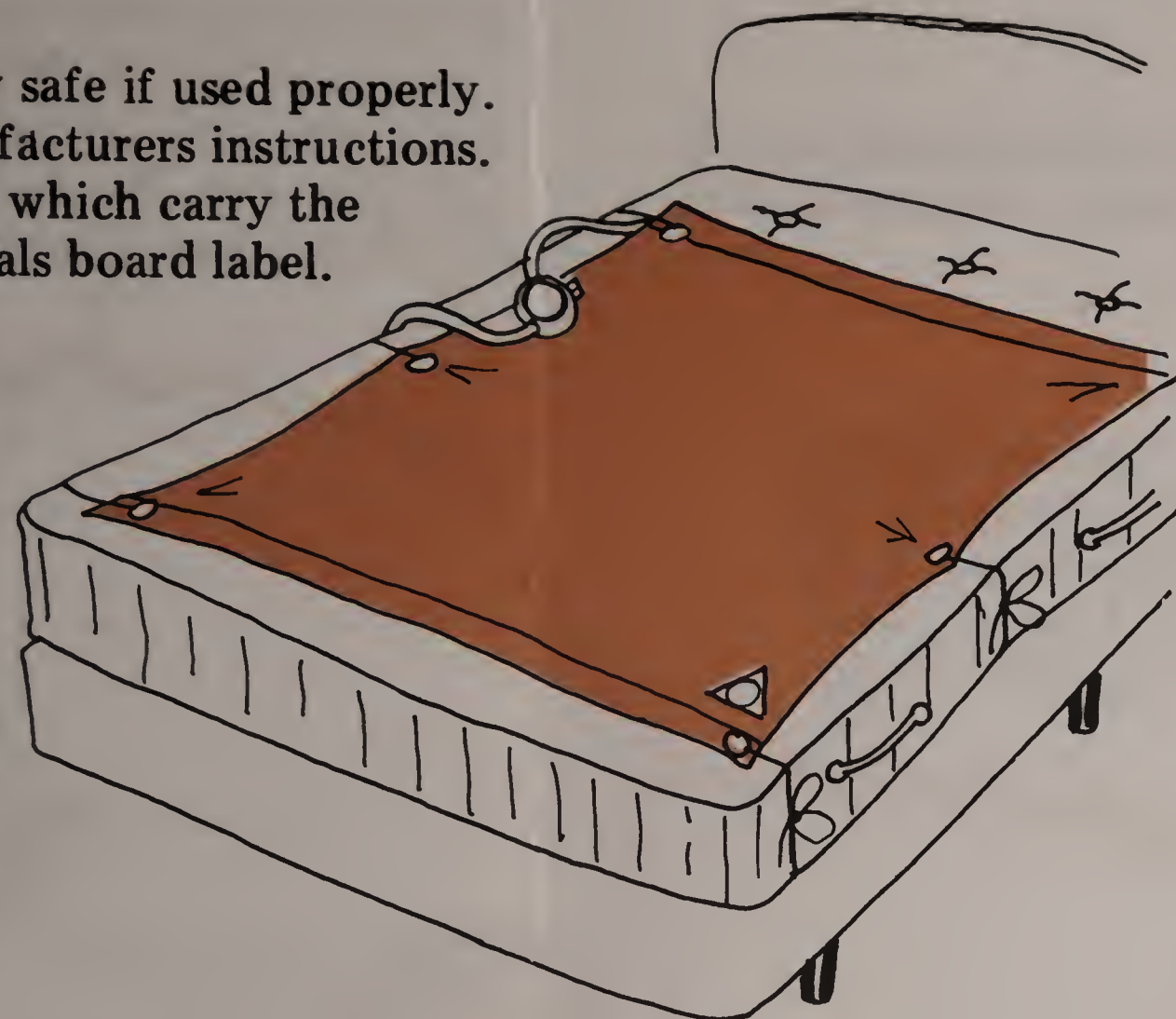
Further it is gratifying to know that these are minimal figures. We conducted a survey some few years ago which indicated that the true figure was probably at least 5% higher in each case due to not all immunisations having been notified to us. It is possible to achieve marginally higher figures but to do so requires a greatly disproportionate effort. From the point of view of the community, the community is certainly adequately protected at the levels of protection which we have in Norwich.

Health Education

I still feel that Health Education is a most important part of the preventative work of a Health Authority. It is disappointing to sense that, in re-organisation, its star would appear to be in the decline. We know how terribly difficult it is to assess the effectiveness, or for that matter, non-effectiveness of health education and only recently the Secretary of State for Social Services admitted in an answer in the Commons that cigarette smoking had increased

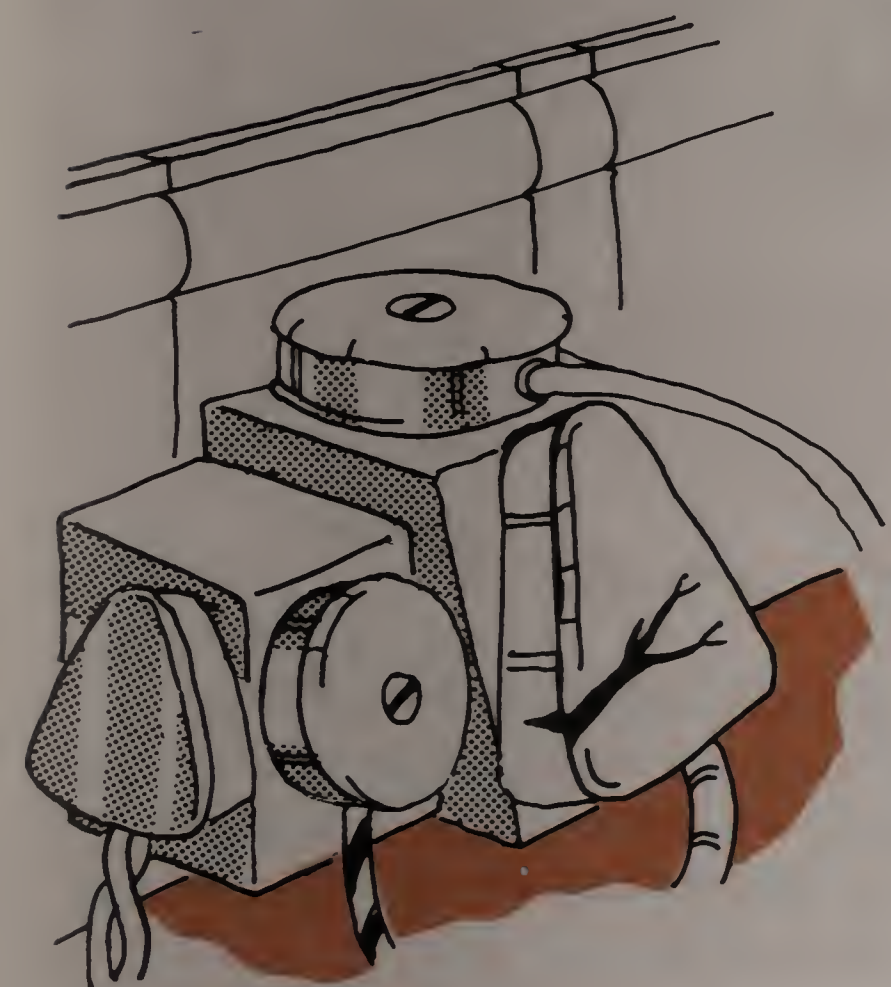
Electric blankets are perfectly safe if used properly.

- * Always follow the manufacturers instructions.
- * Buy only those blankets which carry the British Electrical approvals board label.
- * Never buy a second-hand blanket.
- * Have the blanket serviced regularly.



Use as few adaptors as possible. The safest way is to use one socket outlet for each appliance.

Replace cracked or broken plugs.



When buying an electrical appliance look for this label which shows that the appliance has been tested and approved by the British Electrical Approvals Board.



HOME SAFETY NEWS

Dr. Ronald Murdock,

Medical Officer of Health,
Churchman House,
68 St. Giles Street,
Norwich,
NOR 22E.



ELECTRICITY

gives us heat, light and power and is clean, efficient and safe if used with care.

Fix a fireguard in front of every fire or heater, particularly where there are children in the room.

You could be prosecuted if a child in your care receives burns from an unguarded fire.

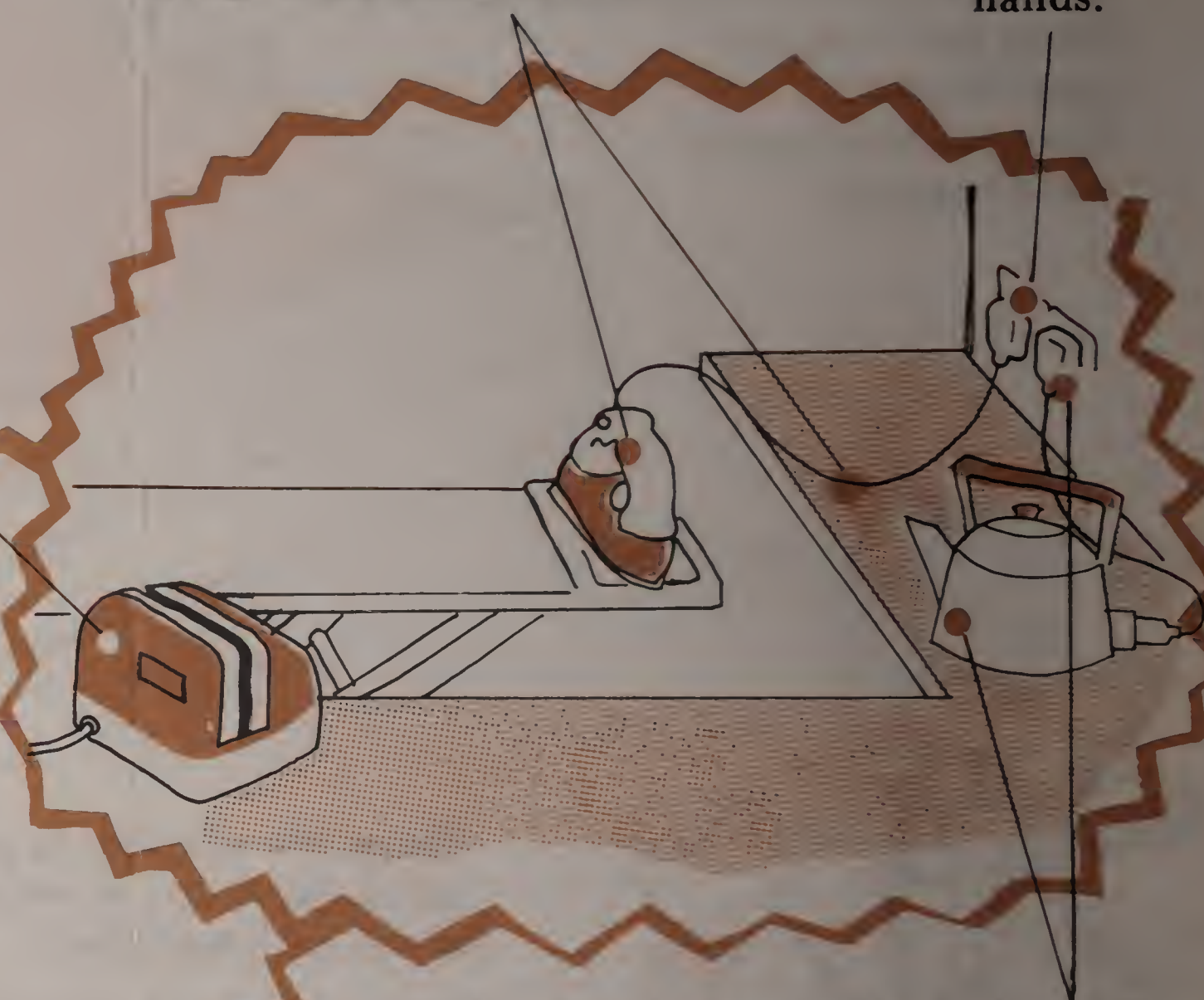


If a toaster becomes jammed - switch off before removing the bread. Never poke about with a knife.

On no account take a portable electrical appliance such as a fire into a bathroom, even if it is connected to a socket on the landing.

When ironing make sure the flex keeps clear of the iron and never coil it around the iron when hot. Replace worn flexes immediately.

Never touch plugs or sockets with wet hands.



Unplug electric kettles before filling and see that the water covers the element. Switch off before pouring. Never allow the flex to drape across the cooker.

Convactor and storage heaters need a good circulation of air to operate safely. Site them away from furniture and curtains.

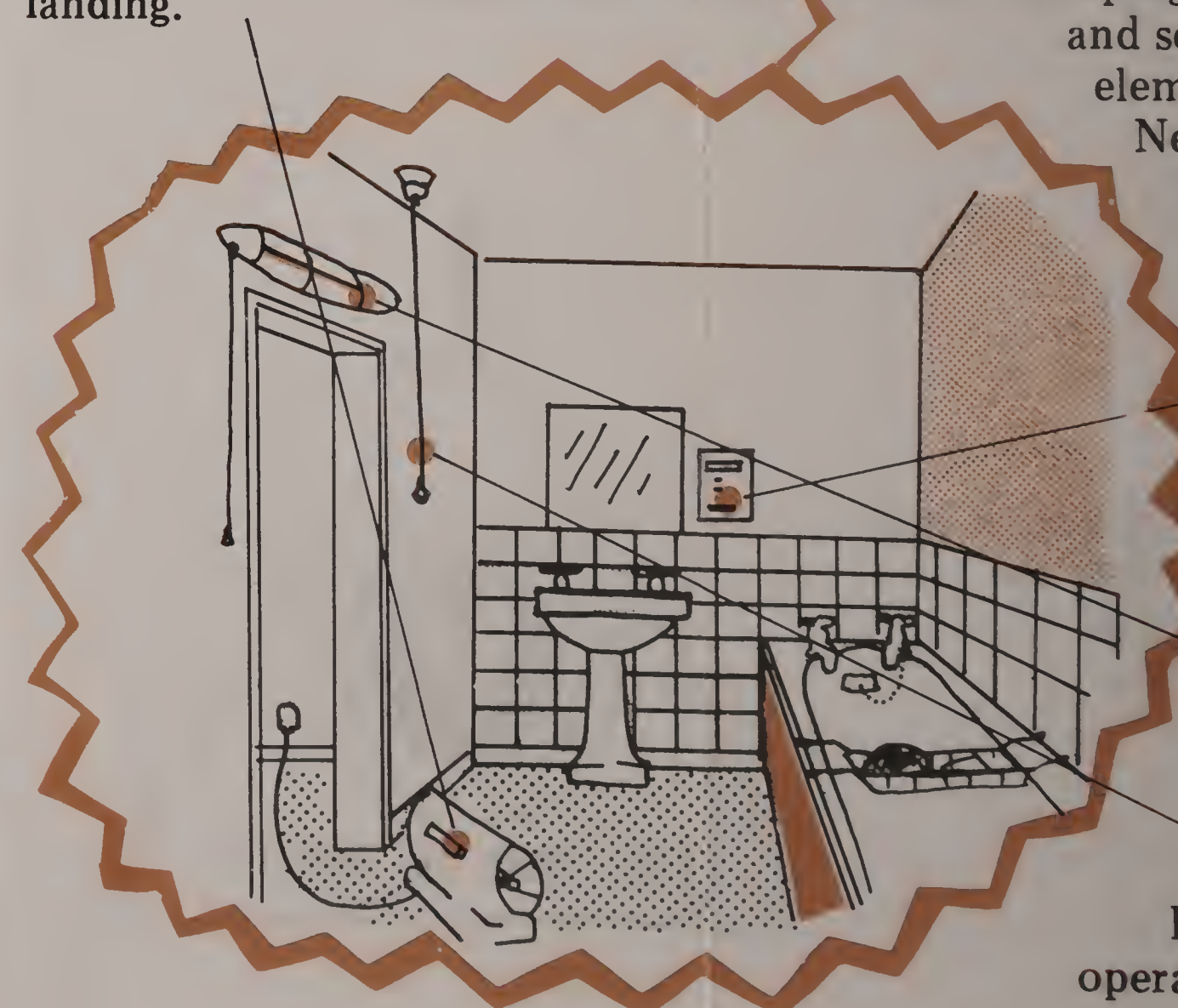


Don't air clothes over a heater.

A shaver socket is the only socket permitted in a bathroom.

A radiant heater must be firmly fixed to the wall but not above the bath. The wiring must be permanently installed.

Heaters and lights must be operated by pull cord type switches.



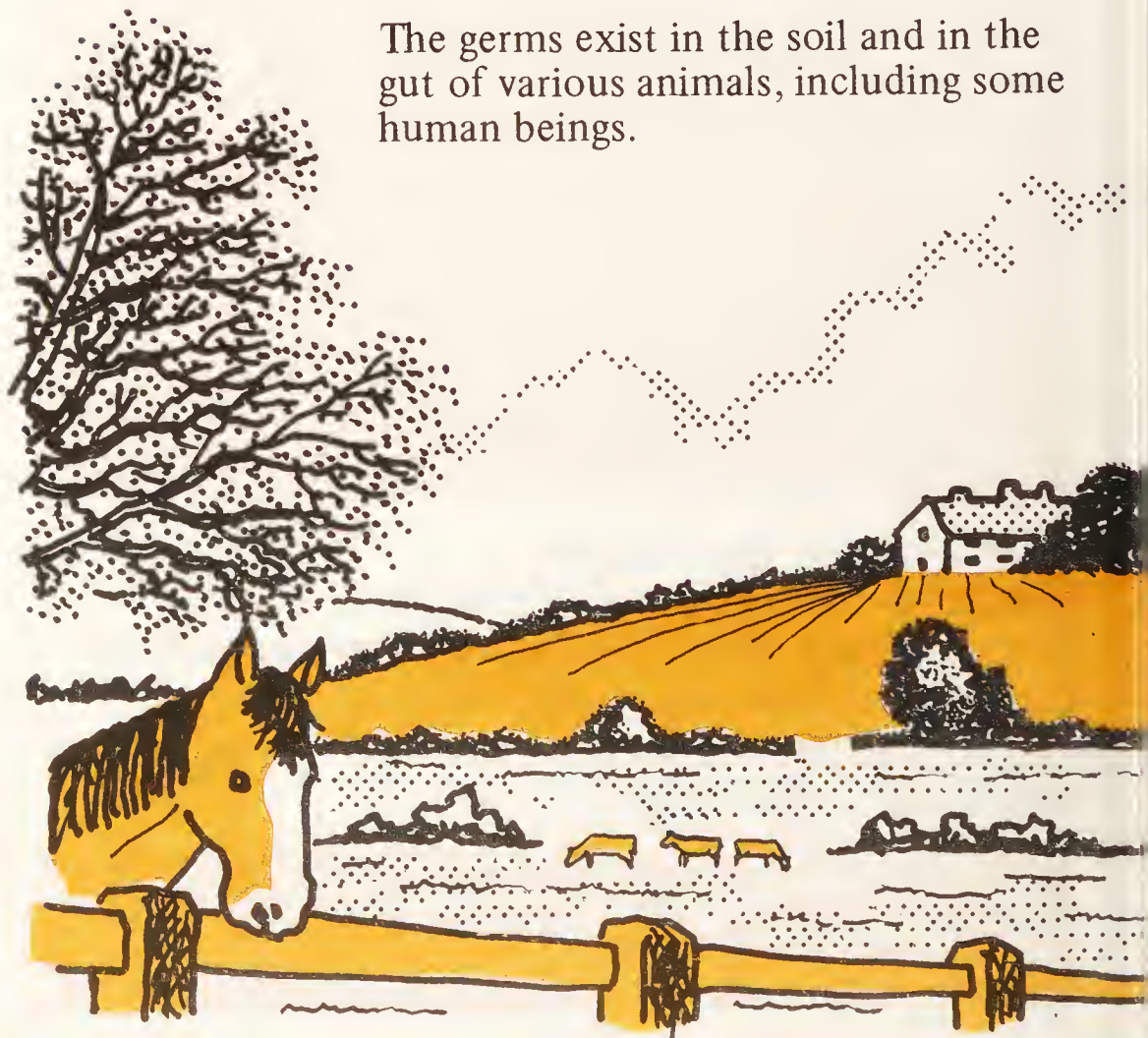
TETANUS

Ronald Murdock,
Medical Officer of Health,
City of Norwich Health Department,
Churchman House,
St. Giles' street.,
Norwich, Nor. 22 e .

The risk of acquiring Tetanus in this country is not very great but is slightly more in East Anglia than in some other parts of Great Britain.



The germs exist in the soil and in the gut of various animals, including some human beings.



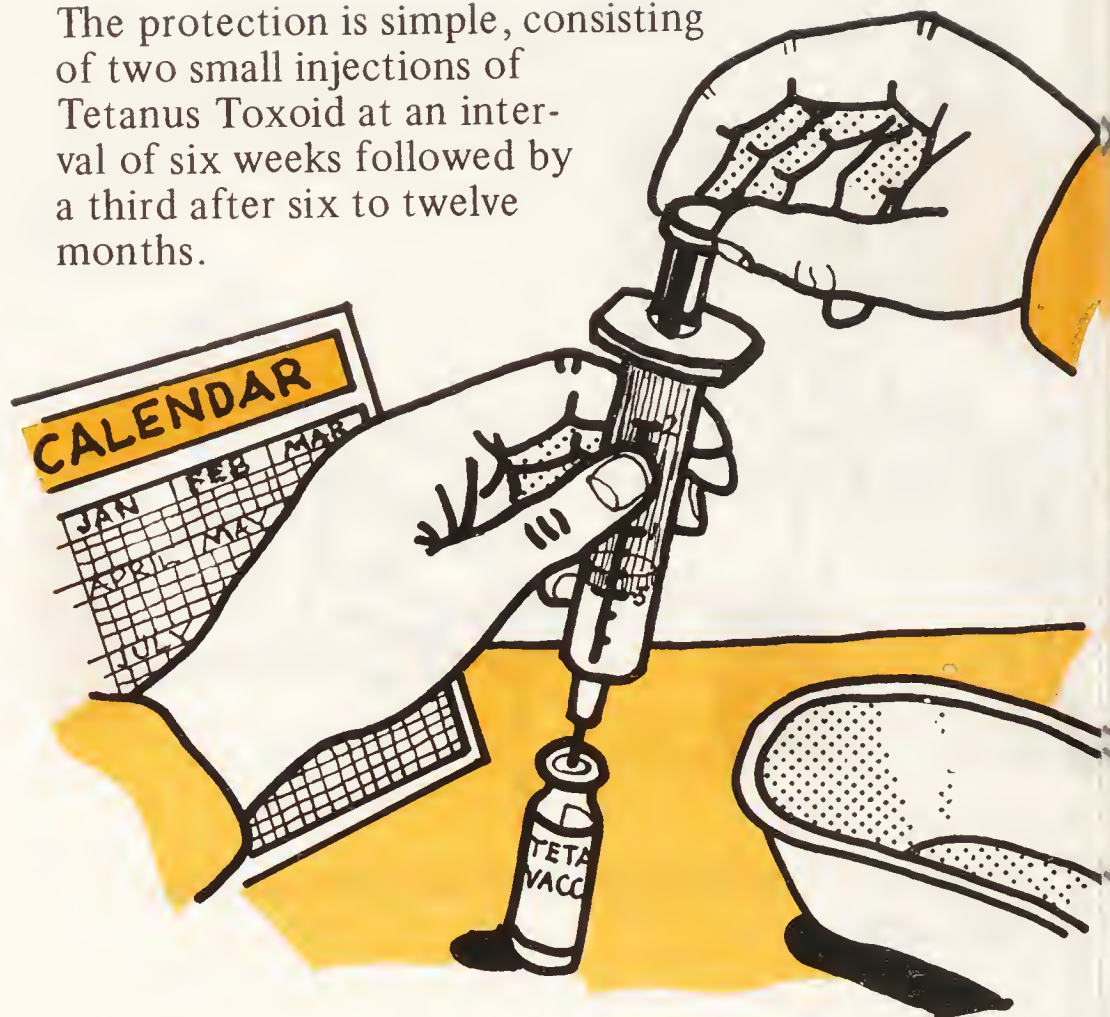


Even very trivial injury can allow germs to enter the system.

All persons should, therefore, in their own interests, be protected against this disease.



The protection is simple, consisting of two small injections of Tetanus Toxoid at an interval of six weeks followed by a third after six to twelve months.



Family Doctors will undertake this on request. Naturally it would be advisable to make a specific appointment for this purpose.



In any event a booster dose is advised every 5 YEARS.

by 6½%. Consequently people are apt to say health education against smoking is completely ineffective. I do not accept this pessimistic view. Who can categorically prove that were it not for the dissemination of the dangers of cigarette smoking the increase would not be materially greater?

So far as this department is concerned we have taken every opportunity to stress the dangers and have been at pains to particularly impress these upon children in the schools. We have also continued to run our "Five Day Way" to stop smoking but, of course, in terms of numbers these are merely a drop in the ocean. It is interesting to note, as I have mentioned elsewhere in this report, that smoking of cigarettes is now predominately a habit of the lower social economic groups. With this in view we have tried an approach to those on the shop floor but so far have met with little success. One fact which I feel is not sufficiently appreciated is that cigarette smoking is not just a hazard in the shape of causing lung cancer. It is true that this accounts for over 30,000 deaths a year but what of all the tens of thousands of cases of cardiovascular disease in whom cigarette smoking was a factor? I do wish the public would realise this.

We have over the years not always been particularly happy with the poster material etc., which has been available to us and many years ago we appointed to the staff an "artist". This officer has been of the greatest help. I do not think that members generally realise the quite considerable volume of publicity material which is designed in the department.

I include two samples, one relating to tetanus and the other to home accidents.

Although tetanus is not very common the incidence in East Anglia is higher than in most parts of the country. Furthermore it is so frightfully easy to protect against it, and a protected person receiving an injury which might be infected with the germs of the disease, e.g. accident in the garden, on the road, etc., is spared the hazard of being given a foreign protein in the shape of a refined serum. We therefore designed a leaflet which explains the position and advises people to be protected. Amongst others each of the 6,000 Corporation employees, with the help of the City Treasurer's Department, received a copy.

Our Home Safety News is produced quarterly. Some 3,000 copies are distributed by way of doctors' surgeries, clinics, some shops, 'bus and railway stations, electricity and gas showrooms, the libraries, Housing Department and Town Women's Guilds, etc.

"Well-Woman" Clinic

The "Well-Woman" Clinic which I started in 1968, continued. I was pleased to meet 5 employers requests to offer the screening facilities provided by the Clinic to their female employees. This resulted in a total during the year of some 889 patients availing

themselves of this comprehensive examination at the hands of the departments Medical Officers. I am grateful to Doctor Baker, Director of the Pathology Department Norfolk and Norwich Hospital and his colleagues for continuing to provide laboratory results.

I think the employers in this City who have requested this facility for their female employees are to be congratulated on their concern for their staff in making it available during the firm's time even though I firmly believe the proper person to carry out the examination is the patient's own family doctor.

Housing

For some years now housing requests, on medical grounds, have been sent to me by family doctors at their own suggestion and I have investigated the cases and made appropriate recommendations—generally after having discussed the housing situation with the Housing Manager. This amounts to some 400—500 recommendations from family doctors per year. It is quite time consuming, not only of my time and that of the Housing Manager, but to an even greater degree of personnel in my department, both administrative and health visiting. None the less, the Housing Manager feels that this is, so far as he is concerned, a very useful service. It is interesting to note that the huge bulk of the recommendations are for ground floor accommodation. This, in most instances, literally means ground floor accommodation because the patients are so often elderly folk and tower block, which is of course, one level accommodation, is not acceptable for elderly folk because of the loneliness and isolation. I think perhaps, however, that some members of general public do not realise that in a densely populated island like ours, it is physically impossible for every elderly person to have a ground floor flat and certainly not “near City centre” and we must, therefore, try and apportion our resources in the light of the greatest need! Not everyone who has an artificial hip operation warrants one level accommodation—indeed in this context I frequently quote the case of a personal friend of mine who still plays his 18 holes of golf after having both hip joints replaced! Equally, not everyone who suffers a coronary occlusion is in need of ground floor accommodation. One has a good deal of sympathy with the family doctors who are obviously under great pressure from their patients to recommend priority rehousing. Norwich Corporation owns 46% of all the houses in the City. Sometimes I wonder how authorities who are less fortunately placed in this respect manage to cope!

The paragraph which I included in my Annual Report for 1960 is interesting and I think still apposite. “One feels very sympathetic towards the young couple who, showing some

initiative, have rented or sometimes bought a poor slum-type dwelling rather than overcrowd the parental homestead. They have, however, in so doing, brought themselves for rehousing purposes into the tenant category and thus deferred their rehousing very considerably. Again when doing this work one is appalled at the prices that folks are asked and will pay for slum clearance property. £300-£600 is no uncommon sum for an owner-occupier to have paid within the past few years for a slum house. Only recently we heard of a block of five which were together purchased for some £250 and one of the five was shortly afterwards sold to a sitting tenant at over £400". The reference to tenant applicants vis à vis apartment applicants, is not without its reflection on the general housing work load of the Department. Many of the cases in which the Family Doctors and/or Councillors are interested are in the tenant category.

Acknowledgement

I am grateful for the encouragement and support of the Chairman and Members of the Health Committee during the year. To all grades of staff I extend my sincere thanks, without their loyalty and conscientious co-operation the Department could not continue to function.

I also greatly appreciate the help and co-operation of my brother officers. I never cease to be amazed at the diversity of skills and resources a body like Norwich City Corporation can muster. One cannot help wondering if the Community Physician will be so happily placed!

A handwritten signature in dark ink, reading "J.R. Murdoch". The signature is fluid and cursive, with a long horizontal stroke extending to the right from the end of the name.

Medical Officer of Health.

Health Department,
68, St. Giles Street,
Norwich, NOR 22E.
21st June, 1973.



CITY AND COUNTY OF NORWICH

I.—GENERAL

VITAL STATISTICS,
SOCIAL CONDITIONS, CLIMATOLOGY,
STATISTICAL TABLES

STATISTICS

Population			
Census 1971			122,083
Registrar General's Estimated Mid Year Population			119,600
Area			9,655 acres
Inhabited Houses			45,000 (2.7 persons per dwelling)
Rateable Value			£7,024,397
Penny Rate Product			£68,600

VITAL STATISTICS

	Norwich County Borough	England and Wales
Live Births	1,583	
Rate per 1,000 population (Crude) ...	13.23	14.8
Rate per 1,000 population (Adjusted by area comparability factor of 0.99)	13.1	14.8
Illegitimate Live Births	171	
Per cent of total live births ...	10.8	9.0
Still Births	19	
Rate per 1,000 total live and stillbirths ...	11.86	12.0
Total Live and Stillbirths	1,602	
Infant Deaths	24	
Infant Mortality Rates		
Total infant deaths per 1,000 total live births	15.16	17.0
Legitimate infant deaths per 1,000 legitimate live births	14.87	17.0
Illegitimate infant deaths per 1,000 illegitimate live births	17.54	21.0
Neo-natal Mortality Rate (Deaths under 4 weeks per 1,000 total live births) ...	9.47	11.5
Early Neo-natal Mortality Rate (Deaths under 1 week per 1,000 total live births)	8.84	10.0
Peri-natal Mortality Rate (Stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths) ...	20.6	22.0
Maternal Deaths (including Abortion)	0	
Rate per 1,000 total live and stillbirths	0	0.15
Deaths: All Causes	1,520	
Rate per 1,000 population (Crude) ...	12.7	12.1
Rate per 1,000 population (Adjusted by area comparability factor of 0.89)	11.3	12.1

Tuberculosis Death Rates			
All forms per 1,000 population	...	0.008	0.03
Respiratory per 1,000 population	...	0.008	0.02
Cancer Death Rates			
All forms per 1,000 population	...	2.42	2.43
Lung and Bronchus per 1,000 population	... ..	0.56	0.65
Other Sites per 1,000 population	...	1.86	1.78
Infectious Diseases (Notifiable)			
Death rate per 1,000 population	...	0.02	

GENERAL

Births

There were 1,583 live births recorded in 1972—this gives a crude birth rate of 13.23 per 1,000 population and an adjusted rate of 13.1. In 1971 there were 14.65 and 15.38 respectively. 19 stillbirths were recorded giving a rate of 11.86 per 1,000 live and stillbirths. In 1971 the rate was 9.51.

LIVE BIRTHS				STILLBIRTHS		
Sex	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male	730	90	820	8	1	9
Female	682	81	763	8	2	10
TOTALS	1,412	171	1,583	16	3	19

Deaths

The deaths amounted to 1,520 equivalent to a crude death rate of 12.7 per 1,000 population. After an adjustment is made for the area comparability factor the rate is 11.3. In 1971 the rates were 12.31 and 11.57 respectively.

Infantile Mortality

24 infants died under 1 year of age, giving a rate of 15.16 per 1,000 live births. In 1971 the rate was 18.64.

Maternal Mortality

There were no maternal deaths of Norwich mothers during the year.

Tuberculosis

1 death occurred from Tuberculosis of the respiratory system giving a rate of 0.008 per 1,000 population.

Cancer

326 Norwich residents died from cancer. This gives a death rate of 2.42 per 1,000 population. In 1971 there were 337 deaths, a rate of 2.62.

Of the total deaths from cancer 75 (64 male and 11 female) were cancer of the lung and bronchus, a rate of 0.56. In 1971 the rate was 0.67.

Infectious Diseases (Notifiable)

There were 2 deaths from Infectious Diseases during the year. viz:—

	Male	Female	Age
Meningitis (Meningomyelocele)	—	1	9 hours
Infective Jaundice	1	—	61 years

Marriages

1,363 marriages took place in 1972. This compares with 1,228 in 1971.

Accidents

Deaths from accidental causes in 1972 were:—

Motor vehicle accidents (see page 29) ... 13(i)

All other accidents (see page 29) ... 14

Personal injuries resulting from road accidents in Norwich were:—

(Figures for 1971 are given in brackets).

	Age Group				
	0-4	5-11	12-15	Over 15	Totals
Injuries :					
Serious	4 (11)	38 (31)	18 (14)	306 (283)	366 (339)
Slight	13 (17)	45 (42)	25 (23)	390 (463)	473 (545)
Totals	17 (28)	83 (73)	43 (37)	696 (746)	839 (884)

(i) The Registrar General notified 13 deaths from Motor Vehicle accidents.

These were of Norwich residents both inside and outside the City (i.e. allowing for transfers). The total number of fatalities resulting from road accidents within the City was 10.

The local hospitals informed us of 1,469 home accidents in which Norwich residents—mainly young children—were involved.

The home accidents have been analysed, by causation, as follows :—

			AGE GROUP			Totals
		Up to end including 4 years	5-15	16-64	Over 65 years	
Cuts ... ..	...	211	98	144	34	487
Substances taken by mouth ... ..	...	91	14	2	—	107
Burns ... ..	...	32	8	16	3	59
Scalds ... ..	...	26	7	13	1	47
Injuries to Limbs and Body ... ..	...	238	128	248	111	725
Miscellaneous ... ..	...	27	7	8	2	44
Totals ... ..	...	625	262	431	151	1,469

It is not known, however, of the number of injuries resulting from home accidents treated by family doctors, or by first aid in the home itself.

Nursing Homes

There were 2 Nursing Homes in Norwich with a bed accommodation of 31 at the end of the year.

This provision is in addition to the 33 beds provided in the private wing and 4 beds for private patients in the maternity block of the Norfolk and Norwich Hospital.

Routine inspection is maintained.

Cremation

Of the deaths occurring in Norwich, a total of 1,376 cremations (60%) were carried out.

There were 775 cremations carried out at the Norwich City Crematorium. Of this number, 554 were those of deaths registered in Norwich.

NATURAL AND SOCIAL CONDITIONS

Geology

The chalk that underlies the greater part of Norfolk to a considerable depth is, in some places, very near to the surface in and around Norwich. On top of the chalk, and filling in the undulations in its surface, lies a covering of glacial deposits—sands, gravel and boulder clays—left by the retreating ice sheets of about half a million years ago.

Climatology

Mr. A. C. Owers, the Director of the Norfolk Agricultural Station at Morley, has kindly given weather statistics :—

METEOROLOGICAL RECORDS, 1969-1972

	Sunshine (hours)			Rainfall (inches)				Average Mean Temperature °C 1972	44- Year Mean	Average Relative Humidity 1972
	1972	44- Year Mean	1971	1970	1969	1972	44- Year Mean	1971	1970	1969
January	37.7	50.5	33.8	14.8	32.9	2.53	2.25	3.16	1.79	1.86
February	52.1	65.9	70.1	96.6	66.9	1.18	1.68	0.58	2.17	2.91
March	154.6	123.0	105.3	97.3	77.8	1.20	1.53	1.51	1.57	1.96
April	145.6	147.9	125.1	136.6	170.9	1.73	1.66	0.77	2.25	2.29
May	179.4	193.8	236.0	190.4	173.3	1.95	1.72	2.36	1.14	3.52
June	157.0	195.2	147.0	274.4	252.2	1.81	1.78	2.01	0.50	1.42
July	156.8	188.8	253.8	167.6	198.3	2.90	2.42	2.02	1.41	2.97
August	192.3	177.2	145.2	191.4	126.3	1.04	2.29	3.33	1.93	1.97
September	114.6	144.8	180.6	161.5	120.4	1.60	2.25	1.02	1.32	0.02
October	89.7	108.6	138.4	108.8	108.8	0.18	2.44	2.40	1.49	0.23
November	78.8	55.3	76.7	63.1	65.4	2.37	2.74	4.41	5.81	3.56
December	52.7	44.0	35.1	50.8	13.1	1.41	2.25	1.20	2.10	2.35
	1411.3	1495.0	1547.1	1553.3	1406.3	19.90	25.01	24.77	23.48	25.06

Water Supply

Mr. R. J. Bell, the Water Engineer and Manager, has kindly supplied information on the water supply. This information is included in the Environmental Section, page 82.

Sewerage and Sewage Disposal

The City Engineer, Mr. R. K. Binks, has kindly commented on the arrangements for sewerage and sewage disposal. This is included in the Environmental Section, page 86.

Cleansing and Scavenging

A weekly collection of refuse is made from all domestic and business premises. One dustbin is emptied free of charge from business premises weekly, a charge is made for anything additional.

Social Conditions

Mr. Simpson, the Area Manager of the Department of Employment, has kindly supplied statistics of the numbers unemployed, in the Norwich Administrative Area, as at January and December, 1972.

The administrative area includes rather more than just the Norwich County Borough—please see page 24.

STATISTICAL TABLES

NUMBER OF UNEMPLOYED IN NORWICH EMPLOYMENT EXCHANGE ADMINISTRATIVE AREA, 1972

Industry Group in Which Last Employed

EXTRACTIVE

		Mid-January		Mid-December	
		Men	Women	Men	Women
Agriculture, Forestry and Fishing	...	100	1	74	4
Mining and Quarrying	... ..	1	—	4	—
		<u>101</u>	<u>1</u>	<u>78</u>	<u>4</u>

MANUFACTURING

Food, Drink and Tobacco	... ..	128	10	68	5
Coal and Petroleum Products	... ..	3	—	4	—
Chemicals and Allied Industries	... ..	21	1	12	1
Metal Manufacture	... ..	19	—	10	—
Mechanical Engineering	... ..	58	4	36	1
Instrument Engineering	... ..	4	1	3	—
Electrical Engineering	... ..	69	9	59	4
Shipbuilding and Marine Engineering	... ..	12	—	12	—
Vehicles	... ..	87	2	9	—
Metal Goods (not elsewhere specified)	... ..	34	2	28	—
Textiles	... ..	14	—	11	—
Leather, Leather Goods and Furs	... ..	3	—	1	—
Clothing and Footwear	... ..	77	12	77	14
Bricks, Pottery, Glass, Cement, etc.	... ..	13	1	7	2
Timber, Furniture, etc.	... ..	21	—	12	—
Paper, Printing and Publishing	... ..	40	6	28	7
Other Manufacturing Industries	... ..	41	6	28	3
		<u>644</u>	<u>54</u>	<u>405</u>	<u>37</u>

SERVICES

Construction	... ..	525	1	353	2
Gas, Electricity and Water	... ..	30	1	30	—
Transport and Communication	... ..	180	4	139	10
Distributive Trades	... ..	300	43	195	16
Insurance, Banking, Finance and Business Services	... ..	90	10	73	11
Professional and Scientific Services	... ..	89	24	78	26
Miscellaneous Services	... ..	266	46	205	45
Public Administration and Defence	... ..	148	10	136	8
Others (e.g. Ex-Service and those not latterly in employment)	... ..	227	34	254	46
		<u>1,855</u>	<u>173</u>	<u>1,463</u>	<u>164</u>
TOTALS	... ..	<u>2,600</u>	<u>228</u>	<u>1,946</u>	<u>205</u>
TOTALS 1971	... ..	<u>2,283</u>	<u>195</u>	<u>2,442</u>	<u>234</u>

ACCIDENTAL DEATHS, 1972

		AGE IN YEARS																			
Under 1		1—4		5—14		15—24		25—34		35—44		45—54		55—64		65—74		75 and over		Totals	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Accidents in the																					
Home—																					
Falls ...																					
Burns																					
Other Accidents																					
Drowning ...																					
Other (i) ...																					
Sub-Totals ...																					
Motor Vehicle																					
Accidents																					
TOTALS ...																					

	Males	Females	Age
(i) Asphyxia due to Inhaled Vomitus	1	—	5 months
Head Injury—Sustained in fall at work	1	—	24 years
Electrocuted—Vehicle touched high tension conductors	1	—	59 years
Head Injury—Knocked down, whilst crossing highway, by pedal cyclist	—	1	67 years
Epilepsy due to old head injury	1	—	74 years

NUMBERS OF DEATHS BY CAUSE, IN SEX AND AGE GROUPS, NORWICH COUNTY BOROUGH, 1972

Information supplied by the Registrar General

CAUSE OF DEATH	Sex	Total All Ages	Under 4 wks.	4 wks. and under 1 year	Age in Years.									
					1— 4	5— 14	15— 24	25— 34	35— 44	45— 54	55— 64	65— 74	75 & over	
Enteritis and other diarrhoeal diseases ...	M.	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system ...	F	2	—	1	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	M	1	—	—	—	—	—	—	—	1	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm, buccal cavity, etc. ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	1	—	—	1
Malignant neoplasm, oesophagus ...	M	2	—	—	—	—	—	—	—	1	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm, stomach ...	M	8	—	—	—	—	—	—	—	—	—	—	—	—
	F	3	—	—	—	—	—	—	—	—	2	—	—	—
Malignant neoplasm, intestine ...	M	18	—	—	—	—	—	—	—	—	—	—	—	5
	F	19	—	—	—	—	—	—	—	1	—	—	—	3
Malignant neoplasm, larynx ...	M	19	—	—	—	—	—	—	—	1	—	—	—	5
	F	31	—	—	—	—	—	—	—	—	—	—	—	12
Malignant neoplasm, lung, bronchus ...	M	3	—	—	—	—	—	—	1	—	—	—	—	4
	F	—	—	—	—	—	—	—	—	—	—	—	—	16
Malignant neoplasm, breast ...	M	64	—	—	—	—	—	—	2	—	—	—	—	—
	F	11	—	—	—	—	—	—	—	1	—	—	—	—
Malignant neoplasm, uterus ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	20	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm, prostate ...	F	7	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—
	M	12	—	—	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia ...	M	9	—	—	—	—	—	—	—	—	—	—	—	—
	F	4	—	—	—	—	—	—	—	—	—	—	—	—

NUMBERS OF DEATHS BY CAUSE, IN SEX AND AGE GROUPS, NORWICH COUNTY BOROUGH, 1972—Continued

CAUSE OF DEATH	Sex	Total All Ages	Under 4 wks.	4 wks. and under 1 year	Age in Years										
					1— 4	5— 14	15— 24	25— 34	35— 44	45— 54	55— 64	65— 74	75 & over		
Bronchitis and emphysema ...	M	43	—	—	—	—	—	—	—	1	4	14	24		
Asthma ...	F	15	—	—	—	—	—	—	—	—	2	4	9		
Other diseases of respiratory system ...	M	2	—	—	—	—	—	—	—	—	—	1	—		
Peptic ulcer ...	F	1	—	—	—	—	—	—	—	—	—	—	1		
Intestinal obstruction and hernia ...	M	4	—	—	—	—	—	—	—	—	—	2	2		
Cirrhosis of liver ...	F	10	—	—	—	—	—	—	—	1	—	3	6		
Other diseases of digestive system ...	M	7	—	—	—	—	—	—	—	—	1	2	3		
Nephritis and nephrosis ...	F	9	—	—	—	—	—	—	—	—	—	2	7		
Hyperplasia of prostate ...	M	4	—	—	—	—	—	—	—	—	—	—	2		
Other diseases, genito-urinary system ...	F	2	—	—	—	—	—	—	—	—	—	—	—		
Other complications of pregnancy, etc. ...	M	3	—	—	—	—	—	—	—	—	—	—	—		
Diseases of musculo-skeletal system ...	F	1	—	—	—	—	—	—	—	—	—	—	—		
Congenital anomalies ...	M	6	—	—	—	—	—	—	—	—	—	—	—		
Birth injury, difficult labour, etc. ...	F	10	—	—	—	—	—	—	—	—	—	—	—		
	M	6	—	—	—	—	—	—	—	—	—	—	—		
	F	8	—	—	—	—	—	—	—	—	—	—	—		
	M	3	—	—	—	—	—	—	—	—	—	—	—		
	F	1	—	—	—	—	—	—	—	—	—	—	—		

Other causes of perinatal mortality	...	M	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Symptoms and ill-defined conditions	...	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Motor vehicle accidents	...	M	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other accidents	...	F	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Motor vehicle accidents	...	M	11	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other accidents	...	F	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suicide and self-inflicted injuries	...	M	9	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other external causes	...	F	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suicide and self-inflicted injuries	...	M	10	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other external causes	...	F	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suicide and self-inflicted injuries	...	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other external causes	...	F	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ALL CAUSES	...	M	760	760	9	4	3	4	10	5	14	39	125	245	302				
		F	760	760	6	5	3	—	2	2	6	27	72	193	444				

DEATHS UNDER ONE YEAR, 1972

CAUSE OF DEATH	Under 1 week		1 and 2 weeks		2 and 3 weeks		3 and 4 weeks		Total under 1 month		1 and 3 months		3 and 6 months		6 and 9 months		9 and 12 months		Total under 1 year	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Enteritis and other Diarrhoeal Diseases ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Meningitis ...	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Pneumonia ...	1	1	—	—	—	—	—	—	1	1	—	—	—	1	1	1	—	—	2	3
Other Diseases of Digestive System	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Congenital Anomalies ...	2	3	1	—	—	—	—	—	3	3	—	—	1	—	—	—	—	—	4	3
Premature Births ...	5	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	5	—
Asphyxia due to Inhaled Vomitus	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Other Causes ...	—	1	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	1	2
Totals ...	8	6	1	—	—	—	—	—	9	6	—	2	3	2	1	1	—	—	13	11

SUICIDE AND SELF-INFLICTED INJURIES, 1972

	AGE IN YEARS												Totals				
	15—24		25—34		35—44		45—54		55—64		65—74				75 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	
Poisoning by solid or Liquid Substances (i) ...	2	—	—	—	—	—	—	1	—	1	—	—	—	—	3	1	F.
Poisoning by gases in Domestic Use ...	—	—	—	—	1	—	—	1	—	—	—	—	1	—	2	1	F.
Poisoning by other gases	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	F.
By Hanging, Strangulation and Suffocation ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	F.
By Submersion (Drowning)	—	—	—	—	—	—	—	—	—	1	—	1	—	—	2	—	F.
By Firearms and Explosives	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	F.
Totals ...	2	—	1	—	1	—	—	2	—	2	—	3	—	1	10	2	

(i)

Barbiturate Poisoning—Tuinal	...	...	1	—	—	19 years
"	...	...	—	1	—	51 years
Potassium Cyanide	...	...	1	—	—	21 years
Amylobarbitone and Morphine	...	...	1	—	—	59 years



II.—NATIONAL HEALTH SERVICE ACTS

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

Parentcraft Teaching

Teaching in preparation for confinement, in the maintenance of health and the care of babies and young children, is given by Midwives, Pupil Midwives and Health Visitors, and includes instruction in relaxation. These classes are available for any mother who normally resides in the City and are held weekly for a series of seven. There are, in addition, two evening sessions to which both husbands and wives are invited. These evening sessions are conducted by a Medical Officer, Midwives and Health Visitors.

Confinements

The number of applications for institutional confinement, assessed on social grounds by the Department, had been declining from 1964, but in 1968 there was a sharp increase apparently attributable to the attraction of the new Maternity Unit.

There was a further slight increase in 1969, but the decline reappeared in 1970, and has continued. Proportions recommended, however, show little change:

		%	
1972	...	64.6	(381 out of 590)
1971	...	64.9	(474 out of 730)
1970	...	64.5	(523 out of 811)

The trend towards hospital confinement which started in 1966 levelled out in 1969 and continued through 1970, 1971 and 1972. The percentages of the number of mothers delivered at home were:

		Norwich	England
		%	%
1972	...	25.7	Not yet available
1971	...	29.0	11.1
1970	...	30.4	13.8

Blood Testing

The weekly session at 4 Earlham Road continues, undertaking both routine tests for Haemoglobin, Group and Rhesus Factor and any further special tests as necessary.

Rhesus Iso-Immunisation

Mothers at risk of developing Rhesus antibodies continue to be investigated immediately after delivery and to receive treatment as necessary. The blood examination is carried out in the Norfolk and Norwich Hospital laboratory who also issue the immunoglobulin.

Sterilised Maternity Outfits

During the year a total of 588 sterilised Maternity Outfits were issued, this being 48 less than the number issued in 1971.

Child Health Clinics

The total attendances decreased in 1972 by 4,037 (11%). The total number of children who attended was virtually the same.

Number of children who attend during the year and were born in:			Total number of children who attended during the year	Total attendances during the year	Number of attendances during the year made by children who were born in:		
1972	1971	1970-67			1972	1971	1970-67
1,235	1,248	902	3,385	33,757	11,645	11,562	10,550
			The figures for 1971 were:—				
1971	1970	1969-66			1971	1970	1969-66
1,369	1,183	835	3,387	37,794	12,987	12,956	11,851

			1972	1971
Average attendance per child	...	...	9.97	11.1
Average attendance per session (all clinics)	...	...	36.5	40.8

Welfare Foods

National Welfare Foods were distributed from 12 Clinic Health Centres. Vitamins A and D are now sold in place of Cod Liver Oil. Orange Juice ceased as a Welfare Food from 31st December, 1971.

	Free	1972 Paid	Total	Free	1971 Paid	Total
National Dried Milk (Packets equivalent to 7 pints liquid milk)	511	5,861	6,372	537	3,099	3,636
Orange Juice (Bottles)	27	1,911	1,938	3,254	19,714	22,968
Vitamin Tablets (Packets)	120	821	941	119	912	1,031
Vitamin Drops (Bottles)	832	2,037	2,869	601	895	1,496
Cod Liver Oil (Bottles)				269	263	532

Dental Treatment

Treatment provided by the School Dental Service.
(The figures for 1971 are given in brackets)

	Visits		Inspections			Additional course of treatment recommended	Fillings	Teeth Filled	Teeth Extracted	General Anaesthetics	Emergencies	Patients X-rayed	Prophylaxis	Teeth root filled	Inlays	Crowns	Teeth otherwise conserved	Courses of treatment completed
	First	Subsequent	First	Requiring Treatment	Offered Treatment													
Children under 5 . .	83 (75)	101 (86)	132 (78)	91 (61)	90 (61)	15 (8)	155 (131)	132 (108)	46 (82)	23 (30)	12 (10)	1 (—)	13 (5)	— (—)	— (—)	— (—)	28 (53)	61 (74)
Expectant and Nursing Mothers	11 (10)	20 (25)	11 (7)	10 (7)	10 (7)	1 (—)	38 (61)	33 (52)	4 (6)	— (—)	— (1)	— (—)	6 (2)	— (—)	— (—)	— (—)	— (—)	8 (10)

Dentures supplied :—

Patients supplied full upper or full lower	...	...	...	(1)
Patients supplied other dentures	...	...	...	(-)
Number of dentures supplied	...	...	...	(2)

Dental Treatment

The Principal School Dental Officer comments:

“Children under 5 years of age

There has been no significant change since 1971 in the number of these children who attended the school dental clinics.

It is always hoped that when parents have to attend with older children for treatment that they will make appointments for dental examination of the young ones.

To this end a supplement has been added to the school dental acceptance form pointing out how necessary it is.

There has been little better response. Under fives attend mainly when they are in pain.

It seems the logical way to reach these children would be through the fluoridation of the water supplies.

Expectant and Nursing Mothers

Expectant and nursing mothers receive their dental treatment under the general dental services without charge.

It is not surprising, therefore, that not many attend the dental clinics.

Generally speaking those who did seek treatment at the clinics were either newcomers to the city or indifferent attenders at their own dentist.

In both cases they would have a long wait for a dental appointment.

Little more treatment than in 1971, was given to this group of patients.”

Consultants' Clinics

Eye Clinic

Children found at the Infant Welfare Centre to have some ophthalmic defect are referred to the Norfolk and Norwich Hospital

Orthopaedic Clinic

Children seen at the Infant Welfare Centres and who appear to present any form of orthopaedic defect are referred, with the consent of the family doctor, to the Orthopaedic Clinic at the Jenny Lind Hospital.

Speech Clinic

Those children under school age and in need of speech training are referred by Assistant Medical Officers to the Department's Speech Therapists.

PREMATURE BIRTHS

Total births notified
Premature (5lb. 8 oz. or less) ...
Domiciliary ...
Institutional ...

IN NORWICH
Live 3,777
Stillborn 58

14
304

TO NORWICH RESIDENTS
Live 1,591
Stillborn 19

14
112

11

Totals ...

126
11

STILL-BORN	LIVE BORN							SURVIVED 28 DAYS	
	DIED WITHIN							% Survived	% Total Live Premature
	24 hours	2 days	3 days	7 days	28 days				
3	3	—	—	—	—	—	—	0·0	0·0
5	—	1	—	—	—	8	8	88·8	6·3
1	—	—	—	—	—	22	22	100·0	17·5
1	—	—	—	2	—	25	25	92·6	19·9
1	1	1	—	—	—	63	63	96·9	50·0
11	4	2	—	2	—	118	118	93·7	93·7

SURVIVAL
BIRTH WEIGHT

2lb. 3oz. or less

Over 2lb. 3oz. up to and including 3lb. 4oz.

Over 3lb. 4oz. up to and including 4lb. 6oz.

Over 4lb. 6oz. up to and including 4lb. 15oz.

Over 4lb. 15oz. up to and including 5lb. 8oz.

Totals

MIDWIFERY SERVICE

(Section 23)

Midwives

Statutory supervision of all Midwives in the area (domiciliary, hospital and private), continues, in accordance with the provisions of the Midwives' Act 1951.

The Domiciliary Service continues, with 10 whole-time and 3 part-time midwives. There has been difficulty in recruitment, probably because of the present emphasis on hospital confinement, and the uncertainty prevailing regarding the reorganisation of the Health Service in 1974.

Teaching of Pupil Midwives

The single period training has been implemented, and recruitment has been good, despite a fall in the total numbers in training throughout the country.

During the year, 15 pupil midwives completed the district part of their training, during which they work closely with an approved teaching midwife.

The number of patients confined in their own home was again lower than in previous years, and there continues a considerable number of patients who are transferred to hospital at the end of pregnancy, or during labour. About half of these patients were expecting their first baby.

The visiting of patients, during the Ante-natal period, to assess suitability for home confinement, or early discharge continues, to a total of 1,068 during the year. Many of these visits need to be done during the fairly late evening, or on Sunday morning, because a large number of expectant mothers work full time to fairly late in pregnancy.

The Emergency Obstetric Unit, based at the Norfolk and Norwich Hospital, was called to a patient's home on 6 occasions, and the Emergency Paediatric Unit was called to a baby on 3 occasions.

(A) Domiciliary Confinements (see table page 41)

Of the mothers who were delivered at home, a Doctor was present at the birth in roughly one half of the cases, and 2/3rds of the mothers received pethidine, and inhalational analgesia.

VISITS

Routine Ante-natal Visits

1st visits ...	...	...	547	}	3,135
Subsequent visits ...	...	...	2,218		
Ineffective visits ...	...	...	370		
<i>Visits during labour</i> ...	...	...			1,136

Routine Puerperium Visits

Morning visits	4,360	} 7,355
Evening visits	...	...	1,749
Visits to supervise pupil	...	...	1,246

Patients transferred to Hospital ... 158

Ante-natal

Primiparae

Post Maturity	...	...	10	2
Breech presentation	...	...	9	5
Pre-eclamptic toxæmia	...	...	19	10
Disproportion	...	...	1	1
Multiple pregnancy	...	...	1	—
Intra-uterine death	...	...	1	—
High presenting part	...	...	2	2
Malpresentation	...	...	1	—
Unstable lie	...	...	2	—
Small for date	...	...	2	—
Diabetes	...	...	1	—
Foetal distress	...	...	1	1
			—	—
			50	21

In Labour

Premature labour	...	...	13	4
Antepartum hæmorrhage	...	...	13	4
Foetal distress	...	...	6	3
Delay—1st stage	...	...	25	18
Delay—2nd stage	...	...	11	8
High presenting part	...	...	7	4
Ruptured membranes over 48 hrs.	...	...	11	4
Breech presentation	...	...	5	2
Intra-uterine death	...	...	1	—
Raised blood pressure	...	...	7	5
Disproportion	...	...	4	3
Excessive vomiting	...	...	1	1
Post partum hæmorrhage	...	...	2	—
Unstable lie	...	...	1	—

After Labour

Raised blood pressure	...	...	1	—
			—	—
			108	56
			—	—
TOTALS	...		158	77
			—	—

i.e. = 50%

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES :—

		1972	1971	1970	1969	1968	1967	1966	1965	1964
DOCTOR BOOKED	Present ..	204	257	302	302	293	348	442	527	519
	Not present ..	210	256	251	318	339	359	357	441	468
DOCTOR NOT BOOKED	Present ..	—	2	—	1	1	2	2	—	—
	Not present ..	2	1	—	1	1	—	2	2	1
TOTAL ..	..	416	516	553	622	634	709	803	970	988
ANALGESIA (Doctor present during delivery)										
	GAS/AIR ..	—	—	—	—	2	12	308	474	465
	GAS/OXYGEN ..	149	157	165	106	256	301	51	—	—
	PETHIDINE ..	154	187	263	261	248	264	260	348	350
	TRILENE ..	20	58	118	86	—	—	—	—	—
(Doctor not present during delivery)										
	GAS/AIR ..	—	—	—	—	1	18	278	373	375
	GAS/OXYGEN ..	117	163	135	203	290	318	39	—	—
	PETHIDINE ..	165	220	170	211	258	242	251	326	331
	TRILENE ..	41	42	76	66	—	—	—	—	—
Mothers breast feeding at 10th day ..		171	222	202	202	224	173	277	425	414

(B) Institutional

National Health Service—(a) Norfolk and Norwich Hospital

3,421 mothers, of whom 1,008 normally reside in the City, were confined in the Maternity Unit. There were 58 stillbirths.

(b) *Drayton Hall (General Practitioners Maternity Home)*

In this Maternity Home, in the County of Norfolk, 180 mothers were confined, who normally reside in the City.

(1) **Norwich Mothers**

Delivered in	1972	1971
Norfolk and Norwich Hospital	1,008	975
Drayton Hall	180	263
Other Hospitals outside City ...	7	7
	— 1,195	— 1,245
Delivered at home	414	516
	— 1,609	— 1,761

Norfolk and Norwich Hospital

Discharged before 10th day

(a) Originally booked for home confinement, therefore home circumstances satisfactory ...

232 251

(b) Early discharge planned with Local Health Authority — “48 hour discharges” ...

274 257

(c) Took own discharge against medical advice

31 24

(d) Discharged by doctor in charge of case when Local Health Authority had recommended 10 day stay because of adverse social conditions

93 71
— 630 — 603

10 days or later (by subtraction)

378 372
— 1,008 — 975

Drayton Hall

(Beds are allocated on the recommendation of the Medical Officer of Health of the Local Health Authority because adverse social conditions are considered to preclude confinement or nursing at home).

				1972		1971	
Discharged before 10th day							
(a)	Took own discharge	...		11		27	
(b)	Discharged by doctor in charge of case	...	...	23		41	
				34		68	
	10 days or later (by subtraction)	...	...	146		195	
				180		263	

(2) Early Discharges of Norwich Mothers

Day of Puerperium										
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	Total
FROM NORFOLK AND NORWICH HOSPITAL										
Booked for home confinement	2	57	136	17	11	4	1	—	4	232
Early discharge planned with Local Health Authority	2	45	177	15	8	10	7	2	8	274
Took her own discharge..	2	1	7	4	2	—	3	12	—	31
Discharged by doctor in charge of case	—	10	22	2	6	10	4	8	31	93
	6	113	342	38	27	24	15	22	43	630
FROM DRAYTON HALL										
Took own discharge ..	—	—	—	4	2	3	—	2	—	11
Discharged by doctor in charge of case	—	—	1	1	1	1	3	5	11	23
	—	—	1	5	3	4	3	7	11	34
Totals	6	113	343	43	30	28	18	29	54	664

(C) Consultant Facilities

The Regional Hospital Board provide four Obstetric Consultants and two Paediatric Consultants whose services are available to General Practitioners.

The Domiciliary Midwives may also call on a member of a panel in an emergency, by summoning the emergency obstetric or paediatric unit without awaiting the arrival of the General Practitioner.

(D) Care of Premature Infants

As far as possible, mothers in premature labour are transferred to the Norfolk and Norwich hospital but in the event of limited time, the Emergency Paediatric Unit is summoned and will provide all necessary equipment and advice.

(E) Maternity and Nursing Homes

Before applicants are registered, the homes are inspected by a Medical Officer of the Health Department to ensure the arrangements comply with the bye-laws. The department calls in the Chief Fire Officer to advise on arrangements for protection against fire. All the homes are inspected periodically by a Medical Officer. At the end of the year, 2 persons were registered in respect of nursing homes (non-maternity).

(F) Stillbirths

There were 19 stillbirths allocated by the Registrar-General to Norwich residents in 1972, giving a rate per 1,000 of the total live and stillbirths of 11.86 as compared with 9.51 in 1971.

These were sub-divided as under :

Legitimate 16, Illegitimate 3. Being Males 9, Females 10.

Associated Conditions:

Maternal abnormalities—Hypertension 2; Antepartum haemorrhage 1; total 3.

Foetal abnormalities—Anencephaly, 4; Hydrocephalus, Spina Bifida, Bilateral Talipes, 1; Rhesus iso-immunisation, 1; total 6.

Other conditions—Prolapsed cord, 2; Cord around neck, 1; Unknown, 7; total 10.

(G) Congenital Malformations

Arrangements continued from 1970 for the notification to the Registrar-General of congenital malformations observable at birth.

Our birth notification card has an 11 point questionnaire covering factors in family history pregnancy and delivery which are known to potentially place a child "at-risk" of handicapping conditions. The last question calls for particulars of any congenital malformations observable at birth and the table below shows the conditions found in 31 babies (3 stillborn) born to Norwich mothers in 1972.

20 Babies with single abnormality:—

				Live	Stillbirth
Central Nervous System :					
Spina Bifida	...	...	...	2	—
Anencephalus	...	...	...	—	1
Meningo-Myelocoele		...	...	1	—
Eye and Ear :					
Unspecified Malformation of Ear	...			1	—
Urino-genital system :					
Hypospadias	...	...	...	4	—
Limbs :					
Congenital Dislocation of Hip			...	1	—
Polydactyly	...	...	...	2	—
Syndactyly	...	...	...	2	—
Talipes	...	...	...	3	—
Other parts of Musculo-skeletal System :					
Malformation of Skull and Face Bones				1	—
Other Malformations :					
Other Unspecified Congenital Malformations	...	...	...	1	—
Downs Syndrome (Mongol)			...	1	—

There were 11 babies (3 stillborn) with more than one abnormality :

Hypospadias, Malformation of Male External Genitalia.
 Syndactyly, Malformations of Respiratory system.
 Hydrocephalic, Spina Bifida.
 Cleft Lip, Cleft Palate, Talipes.
 Spina Bifida, Hydrocephalus, Talipes.
 Cleft Palate, other Malformations of Face and Neck,
 other Unspecified Malformations of Heart and Circulatory System.

Anencephalus, Spina Bifida.
 Undescended Testicle, Malformation of Ear.
 Spina Bifida, Anencephalic.
 Specified Malformation of Leg, also mild Talipes
 Calcaneo—Valgus deformity.
 Malformation of Skull, Malformation of Ear,
 Hypospadias.

OBSERVATION REGISTER

The Observation Register as such was held in abeyance. Health Visitors continued to watch closely the development of all babies considered to be "at risk".

A team of specially trained Health Visitors carry out hearing tests in the baby's home.

HEALTH VISITING

(Section 24)

The establishment remains at 19, and the shortage of suitable applicants continued; there being 12 whole-time and 2 part-time staff at the end of the year.

The amount of time spent by the Health Visitors on formal Health Education, especially in schools, has again increased, being now about 11%.

The attachment to family doctors continues, and is working well. The involvement of the Health Visitors in problems of the elderly, the handicapped child and adult, has increased, as has the necessity to visit and report on housing difficulties.

6 Health Visitors Assistants are also employed.

Type of Case	Number of Cases seen by		Number of Visits	
	Health Visitors	Health Visitors Assistants	Health Visitors	Health Visitors Assistants
Children born in 1972 ...	1,709	90	6,055	107
Other children aged under 5 ...	2,049	675	6,757	1,017
Persons aged 5 and 16 seen as part of health visiting, (i.e. excluding those seen as part of school health service) ...	80	194	160	353
Persons aged between 17 and 64 ...	284	48	668	277
Persons aged 65 and over ...	445	316	1,487	4,833
Households visited on account of tuberculosis ...	27	—	60	—
Households visited on account of other infectious diseases ...	149	—	180	—
Households visited for any other reason ...	204	75	952	654
Totals	4,947	1,398	16,319	7,241
	6,345		23,560	

Number of persons included above who are :					
Mentally handicapped	...	7	11	58	70
Mentally ill	...	15	17	71	211
		<hr/>	<hr/>	<hr/>	<hr/>
Totals		22	28	129	281
		<hr/>	<hr/>	<hr/>	<hr/>
		50		410	

HOME NURSING

(Section 25)

The nursing of the sick in their own homes was undertaken by 16 whole-time and 3 part-time Home Nurses under the supervision of a Nursing Officer.

7 part-time Bathing Attendants=3.5 whole-time, were also employed.

During the year 2 students completed their training for the National Certificate of District Nursing. The Nursing Officer and 12 of the Home Nurses are either Queens Nurses or hold the National Certificate.

An analysis of cases and visits gives:—

Home Nurses

				Average No. of Cases and Visits	
				1964-1972	
				Cases	Visits
				1972	
				Cases	Visits
Medical	...	...	...	1,373	26,175
Surgical	...	...	...	633	14,339
Infectious Diseases	...	...	...	—	—
Tuberculosis	...	...	...	9	279
Maternal Complications	...	...	...	18	109
Others	...	...	...	42	1,065
				<hr/>	<hr/>
				2,075	41,967
				<hr/>	<hr/>
				1,642	38,275
				<hr/>	<hr/>

Included in the totals for 1972 are 1,502 cases and 33,123 visits to patients aged 65 years and over.

The attachment of the nursing staff to practices is, at present, under consideration.

Bathing Attendants

Bathing Attendants made 6,562 visits during 1972, chiefly to old folk.

The Council has made arrangements with the British Red Cross Society and St. John Ambulance Brigade for the loan of sick-room equipment. The arrangements for payment to these voluntary organisations continued from the previous year.

During the year 1,023 articles were loaned to 688 patients under the scheme; this does not include the items already on loan at 31st December, 1971.

The supply of incontinence pads and garments continued from 1971, the majority of patients being those under the care of our Home Nursing Service.

VACCINATION AND IMMUNISATION

(Section 26)

Smallpox Vaccination

In accordance with the Department of Health and Social Security Circular 54/71 vaccination against smallpox is no longer recommended as a routine procedure in early childhood but carried out on request of parents.

123 infants under 2 years of age were vaccinated during 1972. 54 by Medical Officers of the Department and 69 by General Practitioners.

Diphtheria Immunisation

During the year, 1,363 children (1,304 under 5) completed a full course of primary immunisations against Diphtheria. 843 of these children were immunised by General Practitioners.

3,679 children received booster doses of which 987 were immunised by General Practitioners.

The following table shows the total of children under 5 years of age who have completed a full course of primary immunisation from 1st January, 1968 to 31st December, 1972.

Year of Birth Year when Immunised	1972	1971	1970	1969	1968
1968	—	—	—	—	683
1969	—	—	—	570	828
1970	—	—	549	867	76
1971	—	458	846	77	21
1972	364	826	85	17	12
Totals ...	364	1,284	1,480	1,531	1,620
Percentage immunised	22.89%	72.54%	82.54%	82.09%	86.26%

At the end of the year, 6,279 children or approximately 75.42% of the population under 5 years had been protected. The figure for 1971 was 78.04%.

Whooping Cough Immunisation

During the year, 1,296 children (1,279 under 5) completed a full course of primary immunisation against whooping cough, with a combined whooping cough, diphtheria and tetanus antigen. 832 of these children were immunised by General Practitioners.

741 children received booster doses of which 428 were immunised by General Practitioners.

The following table shows the total of children under 5 years of age who have completed a full course of primary immunisation from 1st January, 1968 to 31st December, 1972.

Year of Birth Year when Immunised	1972	1971	1970	1969	1968
1968	—	—	—	—	671
1969	—	—	—	558	808
1970	—	—	541	836	63
1971	—	456	841	74	17
1972	359	819	81	12	8
Totals ...	359	1,275	1,463	1,480	1,567
Percentage immunised	22.57%	72.02%	81.59%	79.35%	83.44%

At the end of the year 6,144 children or approximately 73.80% of children under 5 years had been protected. The figure for 1971 was 76.28%.

Poliomyelitis Immunisation

The offer of protection against poliomyelitis to all persons under 40 years of age was continued. Oral vaccine only was used.

During the year, 1,321 children under 16 years of age completed a full course of primary immunisations against poliomyelitis. 828 of these children were immunised by General Practitioners.

On the 31st December, 1972 the percentage uptake for children under 16 years of age was 83.02%. 2,102 children received booster doses of which 716 were immunised by General Practitioners.

The following table shows the total of children under 16 years of age who have completed a full course of primary immunisation from 1st January, 1957 to 31st December, 1972.

POLIOMYELITIS IMMUNISATION

Year of Birth	1972	1971	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957
Year when Immunised																
1957	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1958	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1959	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1960	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1961	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1962	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1963	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1964	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1965	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1966	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1967	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1968	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1969	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1970	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1971	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1972	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS:	370	1,220	1,498	1,519	1,595	1,586	1,442	1,523	1,575	1,534	1,562	1,662	1,766	1,777	1,629	1,558
PERCENTAGE IMMUNISED	% 23.27	% 68.92	% 83.53	% 81.44	% 84.93	% 87.04	% 79.71	% 78.74	% 83.02	% 84.98	% 84.47	% 91.31	% 93.43	% 97.42	% 92.08	% 87.72

The figures in the Table above for those born between 1957—1964 inclusive, are the figures of those who were known in 1969 to have been immunised, but the precise year of immunisation is not readily available.

Tetanus Immunisation

In addition to the general use of Combined Antigens for primary immunisation of infants, older children and adults are also protected against tetanus.

During the year 2,051 persons (1,413 under 16) completed primary immunisations and 4,275 booster doses were given (3,721 under 16).

1,531 of the primary immunisations and 1,600 booster doses were given by General Practitioners.

Measles Immunisation

In May 1968 in accordance with Ministry of Health Circular 9/68 we offered measles vaccination to all children in school; at the same time parents were advised to take their children of pre-school age to their family doctors or the nearest clinic for this protection. Not all parents did this, with the result that in 1972 there were children in the Infant Schools, and First Year Juniors, who had not been protected against measles.

With the object of protecting those children, in February we offered this vaccination to parents of all children in Infant Schools and First Year Junior classes who had not had measles, nor been vaccinated against measles.

On completion of the campaign 74% of the total children were known to have been protected against measles by vaccination or had the disease. The age group dealt with throughout the year were :

Year of Birth	1972	1971	1970	1969	1965- 1968	Others Under Age 16	Total
Number Immunised	2	598	304	87	98	852	1,941

839 of the immunisations were given by General Practitioners.

Rubella Immunisation

Offer of vaccination against rubella for girls in their 14th year was continued in schools and, with the ultimate aim being to offer this protection to girls in their 12th year, we also offered this facility to girls in their 12th and 13th year. The response was gratifying, 83% in their 12th year, 86% in their 13th year and 82% in their 14th year accepting our advice.

B.C.G. (Vaccination against Tuberculosis)

Heaf Test and B.C.G. vaccination against tuberculosis, offered annually to all 13 year old schoolchildren, is referred to in the School Health Service, section VII.

Yellow Fever Immunisation

The Yellow Fever Immunisation service for travellers, commenced on 1st July 1960 continues. The fee for each vaccination is £1.05p.

849 immunisations were carried out during 1972. The figure for 1971 was 939.

AMBULANCE SERVICE

(Section 27)

The staff consisted of 2 Section Leaders, 28 Male Driver/Attendants, 1 Motor Mechanic and 1 Apprentice Motor Mechanic.

Cases dealt with during the year are:—

(i) *Classification*

	Stretcher Cases		Sitting Cases		Total	
	1972	1971	1972	1971	1972	1971
Accident and sudden illness ...	1,632	1,568	50	33	1,682	1,601
Maternity Cases ...	465	513	9	7	474	520
Mental Health Cases ...	17	16	2	1	19	17
Other Cases ...	13,477	10,942	32,928	27,930	46,405	38,872
	<u>15,591</u>	<u>13,039</u>	<u>32,989</u>	<u>27,971</u>	<u>48,580</u>	<u>41,010</u>

Accident and sudden illness cases account for only 3.5% of the total cases in 1972. The emergency cases in 1971 comprised 3.9% of all cases.

(ii) *No. of cases conveyed (including patients conveyed to hospitals under the Day Care Scheme), by,*

	1972	1971
Ambulance ...	27,607	24,469
Dual Purpose Vehicle ...	20,973	16,541
	<u>48,580</u>	<u>41,010</u>

(iii) *Number of Journeys made*

			Journeys		Mileage	
			1972	1971	1972	1971
Ambulance	...	...	6,398	5,926	137,490	128,705
Dual Purpose Vehicle	...	...	1,658	1,744	73,688	72,355
			<hr/>	<hr/>	<hr/>	<hr/>
			8,056	7,670	211,178	201,060
			<hr/>	<hr/>	<hr/>	<hr/>

Number of accidents and other emergency journeys included above divided into type of vehicle used:

				1972	1971
Ambulance	...	...	...	1,648	1,568
Dual Purpose Vehicle	...	...	...	34	33
				<hr/>	<hr/>
				1,682	1,601
				<hr/>	<hr/>

	1972	1971	1970
Mileage per removal (including rail mileage)	4.6	4.4	3.4
(excluding rail mileage)	4.1	3.9	3.1

In addition:

- (a) 161 cases were conveyed by the Norfolk County Council for the City Ambulance Service in emergency.
193 cases were conveyed in 1971.

The Norwich Ambulance Service conveyed, in emergency 83 cases for the Norfolk County Council, there being 68 cases in 1971.

- (b) Several of the trainees attending the Adult Training Centre, in need of ambulance transport, were conveyed to and from the Centre; 348 journeys being made to September, 1972. As from this date the Social Services Committee provided transport.

- (c) Pupil Midwives were conveyed on 9 occasions to cases in the City from the Maternity Hostel, 4 Earlham Road.

- (d) Full use is made of rail transport. The tables indicate the number of cases conveyed.

For comparison, the number of long distance road journeys is also given.

(i) *Excluding journeys to the Neuro-Surgical Unit and Renal Unit, Addenbrookes Hospital, Cambridge.*

	1972	1971	1956
Rail—No. of cases ...	124	160	39
Distance (Miles) ...	15,265	19,831	4,992
Road—No. of cases ...	50	37	102
Distance (Miles) ...	8,864	5,604	17,540

(ii) *Journeys to the Neuro-Surgical Unit, Addenbrookes Hospital, Cambridge. (Opened 1st October, 1961) and to the Renal Unit (Opened 4th June, 1970)*

Rail—No. of cases ...	175	77	—
Distance (Miles) ...	11,550	5,082	—
Road—No. of cases ...	156	119	—
Distance (Miles) ...	15,576	14,388	—

Training

During the year 14 of the personnel attended a two week Refresher Course at the Essex Training Centre, Chelmsford.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

HEALTH EDUCATION

Home Safety

We continued to receive notifications from the Norfolk and Norwich Hospital of all patients who attended for treatment following an accident in the home. Where the victim is a child, a follow-up visit is undertaken by a Health Visitor Assistant; a total of 561 cases were visited during the year. Of these, 404 were under five years of age and, once again with this age group, it is the case where tablets, medicines and household liquids have been swallowed which give most cause for concern. Substances swallowed included:—

Medical Tablets

Aspirin (7 cases)
Junior Aspirin (8 cases)
Birth Control pills
(2 cases)
Codeine phosphate
Erythromycin
Ferro Gradumet.
Norgesic (2 cases)
Oxytetracycline
Penicillin
Tetracycline
Valium
Unclassified (3 cases)

Medical Liquids

Cough Mixture (3 cases)
Medicines obtained on
prescription (2)
Penetrol inhalent
Penicillin syrup

Household liquids

After-shave lotion
(2 cases)
Britfix
Domestos
Dye
Furniture polish
Hair-setting lotion
Milton
Nail varnish
Paint cleaner
Paraffin (2 cases)
Rust remover
Suntan Cream
Toilet deodorant
Turpentine (2 cases)
Washing powder
White spirit
Windolene
Port (8 year old)
Sherry
Brandy (3 year old)

Plants and berries

Cotoneaster berries
(2 cases)
Elderberries
Laburnum seeds
(6 cases)
Poppy seeds
Solanum berries
Unclassified (2 cases)

From the details obtained at the follow-up visits, it is evident that although parents are frequently at fault in leaving substances within reach of small children, in some cases other people are to blame.

For instance we find:—

- (a) On three occasions children swallowed pills left about by visitors staying in the house.
- (b) Two 2 year olds went into the next door house and drank After-shave lotion which they found on the neighbour's bathroom window sill.
- (c) One 3 year old boy ate cotoneaster berries which had been pushed through the letter box by a neighbour's children.

Posters and publicity material drawing attention to the variety of dangers which exist in any home were distributed in Schools, Clinics, etc.

Displays mounted included:—

1. 'Substances swallowed by Norwich Children in 1971'—shown for ten days in a Display Unit case in London Street, made available by courtesy of the City Engineer.
2. 'Home Hazards for Young and Old'—staged for a four week period at the entrance to the public section of the Housing Department by courtesy of the Housing Manager.

3. An Audio-Visual stand, with Christmas tree and taped carol-singing, to draw attention to additional dangers in the home over the Christmas season. This was on display in all the Infant Welfare Centres in December.

Parentcraft Courses

Weekly talks to Expectant Mothers given by Health Visitors and Midwives have been held in the Ante-Natal Clinics. Joint classes for Fathers and Mothers have been held on a number of occasions to give them an opportunity to see a film on childbirth. Talks for Fathers alone were also held at intervals during the year. In all these totalled 300 meetings.

Infant Welfare Centres

Topic of the month poster Displays in the Clinics and other Health Department premises have covered Dental Health, Vaccination and Immunisation, Nutrition and Food Hygiene, Smoking and Health, various aspects of Home Safety, etc.

"Tufty Clubs" run mostly weekly at 5 of the Clinics, to give Road Safety training, continued to be very popular with the under fives. The enthusiasm and help given by the voluntary workers who assist in the running of these clubs is very gratifying.

Programmes in Education Authority establishments

Thanks to the goodwill of the Head Teachers of the schools concerned, a wide variety of programmes have been arranged in the schools during the year.

Posters on Health Topics distributed to Senior and Junior Schools during the year have been concerned with Smoking and Health, Dental Health, Personal Hygiene, Home Safety, Water Safety, etc.

Senior Schools

Weekly Courses on Health and Parentcraft

Parentcraft Classes continue to be popular. During the Spring and Summer terms 10 weekly sessions and, in the Autumn Term, 12 weekly sessions were being taken by Health Visitors in the Senior Schools. While the majority of these courses were run for girls, it was interesting to note that in one Comprehensive school, the Health Visitor concerned was invited to run a Parentcraft Course for a group of boys, who showed quite as much interest as girls in the subject. These courses cover various aspects of Health including Nutrition, Dental Health, Smoking and Health, Growing Up, Personal Relationships, etc. Where possible, arrangements are made for pupils attending the Courses

to visit one of the Welfare Centres and the Maternity Block of the Norfolk and Norwich Hospital.

It is also interesting to note that the Health Visitors are increasingly being asked to take part in teaching to an examination syllabus. In one Comprehensive school the Health Visitor, together with a member of the School staff, is jointly responsible for the introduction of a Mode 3 C.S.E. Course in Child Care. This has meant the preparation of a two year syllabus for a Course which began in the Autumn Term; some 40 girls have enrolled for it.

A Series of talks on "Your Health" for two groups of 14—15 year olds in two schools was taken by the Assistant Health Education Officer. In all some 200 boys and girls attended. The programme included such topics as Smoking and Health, Drug Dependence, Alcoholism and Personal Relationships.

At the beginning of the year, the Health Education Officer was invited to take a term's Course of Weekly sessions with some 220 14 and 15 year old boys and girls in a Comprehensive School. The subjects covered with talks, films and discussion groups included the Health aspects of Smoking, Drug-taking and Alcoholism, Growing Up and Personal Relationships. She also took an intensive Course covering the same subject matter with 60 15—16 year olds.

In the same schools at the start of the Autumn term, she was invited to arrange a series of courses on similar lines throughout the school year so that all 14—15 year olds could have the opportunity to take part in one of these programmes.

During the year, at the invitation of the Headmistress of a Grammar School a Health Visitor has taken three series of talks on "Health and Growing Up" for classes of 11—12 year old girls. These have been attended by some 90 girls.

In all, the weekly programmes taken by Health Department Staff represent a total of some 800 hours teaching time.

Additional Programmes in Senior Schools

In addition to the regular programmes already noted, invitations have been received from Heads of Senior Schools for single sessions or short courses of from three to six sessions, on a variety of subjects including, Home Safety, Smoking and Health, Drug Dependence, Alcoholism, Venereal Disease. (This last subject is not usually taken in isolation but included in teaching on Personal Relationships. In this context, some 40 sessions during the year were concerned with sexually transmitted diseases).

Where appropriate, sessions have been taken by a specialist member of Staff such as the Chief Public Health Inspector or a

Health Visitor. The majority of the programmes, however, have been carried out by the Health Education Officers using films or other visual aids to illustrate the talks.

Throughout the year some 140 films have been used in Health Education programmes or made available to teachers for showing to their classes. Of a total of some 400 showings of these films, more than 300 have been screened in connection with programmes carried out by Health Department Staff, the remainder being showings of films made available to teachers for use in their own programmes. Films, film-strips and other teaching material were also loaned to teachers running Courses with a Health Education content.

Junior and Infant Schools

During the year a total of 26 talks usually supported by films, have been given in Junior and Infant Schools. The topics covered were Growing Up, Personal Hygiene, Dental Health, Smoking and Health and Home Safety. In the case of Infant Schools, the subjects of Dental Health and Personal Hygiene are presented through the medium of a puppet show which always proves extremely popular.

At the invitation of the Head Teachers concerned, the Health Education Officer took part in three meetings arranged in Junior Schools to give parents an opportunity of seeing the B.B.C. film strips on Sex Education, "Where do Babies Come From" and "Growing Up", preparatory to their being shown to 8-9 year old boys and girls.

Norwich City College

As in past years an invitation was extended to me to talk to overseas students at an inaugural meeting on "The Care of Health". I was also invited to speak about my work to members of the Citizens Advice Bureau.

The Deputy Medical Officer of Health was invited to speak on two occasions to groups of Home Helps on "Medical Aspects of the Care of the Elderly". His talks were illustrated by a film. He also spoke to students taking part in a post graduate Nursing Course for the London Diploma in Nursing, on the subject of "The Changing Pattern of Disease".

Weekly half-day teaching sessions on "Child Care" for first and second year Nursery Nurse Students have been taken by a Health Visitor (in all some 160 hours of teaching time).

The Head of the Domestic Science Department again asked for a Mothercraft Class to be held there during the Summer Term, this was taken by a Health Visitor and attended by some 20 students.

Invitations were also extended to the Health Education Officers to give 12 talks to various groups of students on such subjects as the Health Services, The Work of the Health Department, Home Safety, Family Planning and Venereal Diseases.

Invitations for Talks to Outside Organisations

I read a paper on the subject of "The Well Woman Clinic" at the meeting of "The Royal Society of Health" which I organised on their behalf and which took place at the City Hall in Norwich in June. The proceedings were opened by the Lord Mayor who spoke on the subject of Industrial Health. Some 60 people, many from very considerable distances, attended.

The Deputy Medical Officer of Health was invited to give a paper on "The School Health Service" at the Annual Conference of the National Association for Maternal and Child Welfare which took place at the University of East Anglia during the first week of July.

A number of organisations including Parent Teacher Groups, Youth Clubs, Old Peoples' Clubs, Mothers' Clubs, Women's and other Organisations have asked for talks on such topics as Smoking and Health, Drug Dependence, Nutrition, Dental Health, Home Safety, etc.

Five Day Way to Stop Smoking Courses

Three series of five evening sessions were held during the year. A re-union evening was held six weeks after the end of each Course to encourage those taking part to stick to their decision to stop smoking. Altogether some 200 people enrolled for the three courses.

Follow-up work is being done to determine the success rate of the Course, and in this connection, a re-union was held during December for those who attended our first Five Day Way Course held 12 months previously. It was gratifying to hear from some of those who had not smoked for one year how very worthwhile they felt their efforts in giving up the habit had been and how grateful they were for the help given by the Five Day Way Course.

GENERAL — INCLUDING CHIROPODY

(Section 28)

Chiropody Service

At the end of the year 1 whole-time Chief Chiropodist and 5 part-time chiropodists were employed = 3.1 whole-time.

The service was running at 31 sessions a week of which three were allocated to the treatment of residents in the Council's Home.

Cervical Cytology

In January, 1972 the National Health Central Register at Southport started to advise the Executive Councils of women in their area, 35 years of age and over who, having had a negative test 5 years before, were due for recall.

Under local arrangements of the national recall system, the Executive Council sends to family doctors a form for each patient due for recall. After completing and indicating his wishes the form is returned to the Executive Council and then to my department.

Should the family doctor request that the local health authority recall the patient on his behalf, an appropriate letter is sent. To date 172 such letters have been sent by the Health Department.

Home Dialysis

At the request of the United Cambridge Hospitals, we provided in March, 1972 a portable cabin to accommodate a patient in need of home dialysis. This we considered in this instance a better alternative to adapting a specific room specially and exclusively for this purpose.

Tuberculosis

Reference is made to the care and after-care of Tuberculosis patients on pages 72 to 75.

Venereology

Dr. D. W. Higson, the Consultant Venereologist has kindly supplied information on the work of the Department of Sexually Transmitted Diseases at the Norfolk and Norwich Hospital. This has been included with my observations on paragraph 8(e), Department of Health and Social Security Circular 1/73—page 78 and 79.

CHIROPODY SERVICE

CLINICS		PATIENTS												TREATMENTS							
	Sessions	New Patients	Expectant Mothers	Phys. H'cpd.	ELDERLY PERSONS								Total Patients		Expectant Mothers	Phys. H'cpd.	Elderly Persons	Total	Av. Treatments per Session		
					60-64		65-69		70-74		75-79									80-84		85 and over
				M	F	M	F	M	F	M	F	M	F	M	F						
CENTRAL	649	176	4	10	11	61	41	85	244	53	170	26	120	27	72	850	7	74	4,986	5,067	7.81
BELVOIR ST.	95	30	—	1	—	17	9	7	44	11	32	7	18	2	6	148	—	3	705	708	7.45
BULL CLOSE	160	52	—	—	—	18	10	16	60	18	41	10	23	2	13	177	—	—	1,182	1,182	7.39
CATTON	89	29	—	1	2	15	4	14	56	9	34	4	6	2	—	134	—	16	668	684	7.70
EARLHAM	42	17	—	—	—	15	1	7	23	6	14	4	5	—	4	77	—	—	344	344	8.19
HEARTSEASE	43	6	—	2	4	4	4	5	15	2	14	—	7	1	2	62	—	20	331	351	8.17
LAKENHAM	153	43	—	1	2	19	13	19	57	8	34	3	27	5	10	195	—	15	1,218	1,233	8.06
THORPE	49	19	—	1	—	12	6	6	19	7	18	2	4	2	4	70	—	2	386	388	7.92
TUCKSWOOD	48	19	—	—	—	9	9	3	15	5	10	2	6	1	2	51	—	—	361	361	7.52
TOTALS	1328	391	4	16	19	170	97	162	533	119	367	58	216	42	113	1,764	7	130	10,181	10,318	7.77

FAMILY PLANNING

I still hold the view that the family doctor is the most appropriate person to give contraceptive advice, but, to give women a freedom of choice, the Health Committee service introduced in 1968, has continued. The Department's Clinic at 4 Earlham Road is open every Wednesday evening and, in addition, by the end of the year, four clinics, on the peripheral of the city, had also been opened.

NEW PATIENTS			METHOD INITIALLY ADVISED					
Married	Unmarried	Total	Sheath	Oral	Cap	IUD	Other	Advice only
166	26	192	16	104	10	48	2	12

Of the 26 unmarried patients the majority appear not to have any marriage plans.

113 sessions were held with a total of 880 attendances compared with 427 in 1971.

The Family Planning Association enjoys the use of Heartsease Clinic free of charge every Monday and Thursday evenings.

171 patients on medical grounds were dealt with under National Family Planning Agency Scheme No. 6 by the end of the year.

In addition 32 new patients referred by their family doctors received supplies on social grounds, free or at reduced, charge.

HOSPITALS USED BY THE INHABITANTS OF THE AREA

(Under the East Anglian Regional Board)

Acute

The Norfolk and Norwich Hospital is a general hospital with a large out-patient department and has a total of 540 beds. The daily bed occupancy was 422.9 compared with 416.1 in 1971. Admissions were 18,779 (17,568), discharges 18,199 (17,003) and deaths 572 (587).

Wayland Hospital, Attleborough, has a total of 88 beds (13 have been closed since 17th March, 1972, owing to shortage of nursing staff). The daily bed occupancy was 55.6 compared with 61.4 in 1971. Admissions 2,449 (2,464), discharges 2,431 (2,441) and deaths 21 (15).

Partly Acute

West Norwich Hospital. This hospital has 331 beds of which 162 are for acute cases and 112 for geriatric cases. The East Anglian Regional Department of Plastic Surgery is located there. Also allocated are 23 beds for diseases of the chest and 28 cubicles for infectious diseases. The average daily bed occupancy was 253.5 compared with 253.4 in 1971. Admissions 7,921 (7,736), discharges 7,082 (6,928) and deaths 821 (804).

Geriatric

Whitlingham Hospital, Trowse. This hospital has 103 beds. The average daily bed occupancy was 100.46 compared with 101.58 in 1971. Admissions were 144 (126), discharges 37 (40) and deaths 110 (84).

Wicklewood Hospital, Wymondham, has 50 beds with a daily bed occupancy of 49.2 compared with 48.3 in 1971. Admissions were 50 (90), discharges 7 (17) and deaths 45 (71).

Maternity

Drayton Hall Maternity Home provides 17 beds for General Practitioner cases. The average daily bed occupancy was 9.74 compared with 12.05 in 1971. Admissions 621 (712), discharges 631 (710) and deaths nil (nil).

Childrens (Acute)

Jenny Lind Hospital for Children works in close co-operation with the Norfolk and Norwich Hospital and has 80 beds; boys under 11 years and girls under 12 years not suffering from infectious diseases are admitted. There is also an out-patient

department. The daily number of beds occupied was 39.9 compared with 44.7 in 1971. Admissions 3,490 (3,684), discharges 3,481 (3,648) and deaths 26 (18).

Other

Dereham Hospital has 55 beds, in the main for pre-convalescent cases but some geriatric cases are also admitted. The daily bed occupancy has 45.15; in 1971 the number of 42.81. Admissions 359 (466), discharges 340 (423) and deaths 28 (38).

Psychiatric (Mental Illness)

Hellesdon Hospital has 498 beds, of which 471 were occupied at the end of the year. *Bethel Hospital* has 63 available beds of which 59 were occupied.

PREVALENCE, PREVENTION AND CONTROL

III. — INFECTIOUS DISEASES

FEVERS, FOOD POISONING, ETC.

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

702 cases of infectious disease (excluding Tuberculosis) were notified during the year. The tables which follow, show the details of these cases, deaths by age groups and hospital admissions.

TABLE I
AGE GROUPS OF CASES OF INFECTIOUS DISEASES NOTIFIED

Disease	MONTHS			YEARS											Total 1972	(i) Total 1952	(ii) Total 1942
	under 3	3/5	6/8	9/12	1	2	3	4	5-	10-	15-	20-	25-	35-	45-	65-	Un- known
Diphtheria ..	—	—	—	—	1	—	4	12	13	3	—	—	—	—	—	—	—
Scarlet Fever ..	—	—	—	—	1	—	—	12	13	3	—	—	—	—	—	36	2
Whooping Cough ..	—	—	—	—	—	1	2	1	3	—	—	—	—	—	—	7	325
Measles ..	1	3	7	12	38	54	62	57	145	1	5	2	—	—	—	387	605
Acute Meningitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2970
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Acute Encephalitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10
Ophthalmia Neonatorum ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jaundice ..	—	—	—	—	1	1	2	8	33	27	20	20	21	4	1	1	12
Anthrax ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19
Undulant Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(iii)
Typhoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ..	—	—	—	—	—	—	—	2	4	3	—	4	3	—	4	28	2
Dysentery ..	—	—	—	—	—	—	—	—	—	3	4	4	3	—	1	30	1
Scabies ..	—	—	—	1	2	1	2	3	22	20	15	10	6	—	—	732	11
Verminous conditions (Lice) ..	—	—	—	—	—	1	1	—	1	1	1	1	1	2	—	30	163
Malaria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	1179
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	58
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2

(i) In addition there were 14 Erysipelas, 117 Acute Primary Pneumonia, 4 Acute Influenzal Pneumonia, 31 Puerperal Pyrexia.
(ii) In addition there were 38 Erysipelas, 136 Acute Primary Pneumonia, 23 Acute Influenzal Pneumonia, 26 Puerperal Pyrexia.
(iii) Not notifiable.

TABLE II

ANALYSIS OF DEATHS FROM NOTIFIABLE DISEASES

	Total 1972	Total 1952(i)	Total 1942(ii)
Diphtheria ...	—	—	1
Typhoid Fever ...	—	—	—
Whooping Cough ...	—	—	—
Acute Meningitis ...	1	1	1
Scarlet Fever ...	—	—	—
Acute Encephalitis ...	—	1	1
Measles ...	—	1	1
Acute Poliomyelitis ...	—	2	1
Infective Jaundice ...	1	—	—
Food Poisoning ...	—	1	—

(i) In addition there were 9 Acute Primary Pneumonia and 1 Acute Influenzal Pneumonia.

(ii) In addition there were 23 Acute Primary Pneumonia and 4 Influenzal Pneumonia.

Disease	Total cases notified by Medical Practitioners	Cases admitted to Hospital	(i) Average number of cases admitted to Hospital during 1938–1942
Diphtheria ...	—	—	70
Scarlet Fever ...	36	—	252
Whooping Cough ...	7	—	22
Measles ...	387	3	23
Poliomyelitis ...	—	—	2
Acute Meningitis ...	—	—	13
Acute Encephalitis ...	—	—	—
Ophthalmia Neonatorum	1	—	3
Jaundice ...	140	2	—
Typhoid Fever ...	—	—	2
Paratyphoid Fever ...	—	—	3
Food Poisoning ...	28	2	1
Dysentery ...	1	—	18
Tetanus ...	—	—	—
Malaria ...	—	—	—
Undulant Fever ...	—	—	—
Scabies ...	93	—	37
Verminous conditions ...	9	—	6

(i) In addition 12 erysipelas, 52 acute primary pneumonia, 5 acute influenzal pneumonia, 25 puerperal pyrexia.

Scarlet Fever

36 cases, compared with 32 in 1971 were notified.

Diphtheria

Again no case was notified during the year.

Whooping Cough

7 notifications were received compared with 96 in 1971.

Measles

387 cases were notified during the year.

Poliomyelitis

No case was notified during the year.

Acute Meningitis

No case was notified during the year. 1 death occurred, in hospital, in 1972.

Acute Encephalitis

No case was notified during the year.

Ophthalmia Neonatorum

1 case was notified (2 in 1971)

Dysentery

1 case was notified by General Practitioners but altogether the total of 2 cases were ascertained. Both cases were adults, of whom neither was a food handler.

The age groups were :—

					Male	Female
0—	...	...	...	...	—	—
5—	...	...	...	...	—	—
10—	...	...	...	...	—	—
15—	...	...	...	...	—	—
20—	...	...	...	...	—	1
25—	...	...	...	...	—	—
35—	...	...	...	...	1	—
45—	...	...	...	...	—	—
					—	—
					1	1
					—	—

Food Poisoning

12 Family outbreaks were investigated. The causative agents were :—

S. typhimurium	...	23	cases	in	9	households
S. stanley	...	2	„	„	1	household
S. coleypark	...	2	„	„	1	„
S. monteideo	...	5	„	„	1	„

24 sporadic cases were notified or ascertained. The causative agents were :—

S. typhimurium	...	...	...	19 cases
S. heidelberg	...	...	...	1 case
S. saint paul	...	...	...	2 cases
S. derby	...	...	...	1 case
S. unknown	...	...	...	1 case

(6 of the Family outbreaks involving 17 cases of S. typhimurium and 8 of the sporadic cases of S. typhimurium occurred in a general outbreak in the Heartsease Estate area).

8 cases of Clostridium welchii were investigated in a General outbreak at the University of East Anglia.

Infective Hepatitis

Infective Hepatitis was notifiable in the counties of the Eastern Region before becoming generally notifiable throughout the country in 1968.

The annual notifications for Norwich have been as follows :—

1944	...	206	1959	...	46
1945	...	36	1960	...	34
1946	...	30	1961	...	80
1947	...	25	1962	...	81
1948	...	131	1963	...	24
1949	...	184	1964	...	15
1950	...	101	1965	...	8
1951	...	34	1966	...	8
1952	...	19	1967	...	9
1953	...	20	1968	...	93
1954	...	34	1969	...	86
1955	...	24	1970	...	21
1956	...	13	1971	...	90
1957	...	28	1972	...	140
1958	...	274			

1 death, from infective jaundice, occurred in hospital in 1972.

Scabies and Verminous Conditions

93 cases of Scabies were notified by General Practitioners compared with 87 in 1971.

Some of the patients were treated by the General Practitioners, the remainder at the Health Department.

9 notifications of persons infested with vermin were received from General Practitioners (2 in 1971).

LABORATORY WORK

Specimens from the Health Department were examined at the Public Health Laboratory as under:—

Nose and Throat Swabs	...	...	Nil
Faeces and Urine	...	...	374
Blood	...	...	33
Water	...	...	346
Milk	...	...	128
Ice Cream	...	...	42
Other Foods	...	...	19
Utensil and Hand Swabs	...	...	15

CHEST CLINIC
MASS RADIOGRAPHY

IV. TUBERCULOSIS

CARE AND AFTER-CARE

TUBERCULOSIS

Notifications and Mortality during 1972 :—

Age-Periods	Notifications						Deaths					
	Respiratory			Non-respiratory			Respiratory			Non-respiratory		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
Under 1 year ..	—	—	—	—	—	—	—	—	—	—	—	—
1- 4 years ..	—	—	—	—	—	—	—	—	—	—	—	—
5-14 „ ..	—	—	—	—	—	—	—	—	—	—	—	—
15-24 „ ..	—	—	—	—	—	—	—	—	—	—	—	—
25-34 „ ..	—	1	1	—	—	—	—	—	—	—	—	—
35-44 „ ..	—	—	—	—	—	—	—	—	—	—	—	—
45-54 „ ..	1	—	1	—	—	—	1	—	1	—	—	—
55-64 „ ..	6	1	7	—	—	—	—	—	—	—	—	—
65-74 „ ..	3	—	3	1	—	1	—	—	—	—	—	—
75-84 „ ..	1	—	1	—	—	—	—	—	—	—	—	—
85-94 „ ..	—	—	—	—	—	—	—	—	—	—	—	—
95 and over ..	—	—	—	—	—	—	—	—	—	—	—	—
Totals 1972..	11	2	13	1	—	1	1	—	1	—	—	—
1971..	9	3	12	4	2	6	1	—	1	—	—	—

Occupations of the cases notified were as follows:—

Respiratory Tuberculosis

MALES				FEMALES			
Blacksmith	...	...	1	Housewife	...	...	2
Labourers	...	...	2				
Plumber	...	...	1				
Lorry Driver	...	...	1				
Bookseller	...	...	1				
Self employed/odd jobber			1				
Not known	...	...	1				
Railway Inspector (retired)			1				
Retired (unknown)	...		1				
Car Park Attendant	...		1				
			11				

Non-Respiratory Tuberculosis

MALES			
Retired	...	...	1

The 1 new case of Non-respiratory Tuberculosis was Lymphadenitis, male aged 71 years.

The average age (years) at time of notification was as follows:—

			1972	1962	1942
Respiratory	...	...	M. 62	48	36
Respiratory	...	...	F. 45	38	30
Non-Respiratory	...	...	M. 71	35	15
Non-Respiratory	...	...	F. —	42	21

Notifications in 1972 totalling 14 were 4 less than the figure for the previous year. Respiratory notifications increased by 1 and non-respiratory cases decreased by 5.

Of the cases notified some 86% were male and 14% females.

A family history of Tuberculosis was ascertained in one seventh of the cases.

In addition to the 14 new notifications, 6 further cases (all Respiratory) came to my notice in 1972 being transfers to this city from other areas. Thus in all, 20 cases of Tuberculosis, 19 Lung and 1 other forms came to my knowledge during the year. Age and sex distribution of the 6 further cases were:—

				Male	Female	Total
Under 1 year	...	...	...	—	—	—
1– 4 years	...	...	...	—	—	—
5–14 „	...	...	...	—	—	—
15–24 „	...	...	...	—	—	—
25–34 „	...	...	...	1	—	1
35–44 „	...	...	...	1	2	3
45–54 „	...	...	...	—	—	—
55–64 „	...	...	...	2	—	2
65–74 „	...	...	...	—	—	—
75–84 „	...	...	...	—	—	—
85–94 „	...	...	...	—	—	—
95 and over	...	...	...	—	—	—

Deaths

1 death from Tuberculosis occurred during the year compared with 1 in 1971 and 1 in 1970. (The death occurred in hospital).

DEATHS AND DEATH-RATES FROM TUBERCULOSIS

Year	Population	Deaths			Death-rate per 100,000 of population			
		Respiratory Tuberculosis	Non-respiratory Tuberculosis	Tuberculosis (all forms)	Respiratory Tuberculosis	Non-respiratory Tuberculosis	Tuberculosis (all forms)	
1839-99	Averages {	108,672	138	93	231	127	85	212
1900-09		117,052	144	87	231	123	74	197
1910-19		118,824	138	59	197	116	50	166
1920-29		124,020	115	25	140	93	20	113
1930-39		124,400	79	13	92	64	10	74
1940-49		110,390	61	9	70	56	8	64
1950-59		120,015	16.9	3.2	20.1	11.65	2.25	13.90
1960	117,700	4	—	4	3	—	3	
1961	119,650	8	3	11	6.68	2.51	9.19	
1962	119,760	2	1	3	1.67	0.83	2.50	
1963	119,450	7	1	8	5.86	0.84	6.70	
1964	119,150	3	1	4	2.51	0.84	3.35	
1965	119,170	5	—	5	4.20	—	4.20	
1966	118,100	9	—	9	7.62	—	7.62	
1967	118,610	2	—	2	1.68	—	1.68	
1968	118,940	—	—	—	—	—	—	
1969	118,800	2	2	4	1.68	1.68	3.36	
1970	120,140	1	—	1	0.83	—	0.83	
1971	120,740	1	—	1	0.82	—	0.82	
1972	119,600	1	—	1	0.83	—	0.83	

Visitation

One of the Health Visitors liaises with the Chest Physician.

Health Visitors made 60 visits to 27 tuberculosis households, and the Home Nurses attended 9 cases making 279 visits.

Assistance

2,290 pints of milk were supplied free to 4 tuberculosis persons.

REPORT OF CHEST PHYSICIAN

Dr. P. H. Sutton, the Consultant Physician, has kindly supplied the following information:

Chest Clinic

Source of New Cases (Pulmonary and Non-pulmonary Tuberculosis)

	1972	1971	1970
Mobile Radiography Unit ...	—	2	3
General Practitioners ...	12	14	9
Contacts ...	1	1	—
Others ...	2	—	1
Transfers in ...	3	6	5

X-ray Only Service

6,172 (including 206 expectant mothers) from Norwich attended for a chest X-ray only, and 163 or 2.6% were recalled for appointment. Eight new cases of pulmonary tuberculosis (a rate of 1.3 per thousand) were discovered, and 36 cases of carcinoma of the lung (a rate of 5.8 per thousand) were discovered.

Cancer of the Lung

During the year 69 new cases (63 male and 6 female) were registered by the Cancer Registration Department at the Norfolk and Norwich Hospital and of this number 53 (46 male and 7 female) were discovered through the Chest Clinic.

Mobile Radiography Unit

In accordance with the recommendations of the Department of Health and Social Security, the Unit X-rayed the following groups during the year:—

Hospital Staff ...	251
H.M. Prison (two visits) ...	320 on 1st visit
	322 on 2nd visit
University of East Anglia ...	510
Norwich City College ...	217
Hellesdon Hospital ...	521 patients

One case of pulmonary tuberculosis requiring observation at the Chest Clinic was found at H.M. Prison.

Contacts of Active Cases of Pulmonary Tuberculosis

The Unit visited 3 locations and X-rayed a total of 518 persons as contacts of patients with pulmonary tuberculosis.



V. — VENEREOLOGY

VENEREOLOGY

New cases recorded in the department numbered 1,516 compared with 1,391 in 1971. Syphilis and gonorrhoea accounted for 109 compared with 149 in 1971 and 131 in 1970.

The Department of Health and Social Security returns for England show that cases of early infectious syphilis remain static and that cases of gonorrhoea have fallen slightly for the first time for six years.

Syphilis

Four cases of latent syphilis were treated, three resident in Norwich and one in Norfolk.

One case of late congenital syphilis resident in Norwich was treated.

Gonorrhoea

New cases decreased from 143 to 104. Male cases accounted for 60 (88) and female 44 (55).

Table 1. NEW CASES OF GONORRHOEA

Age	1972		1971	
	Male	Female	Male	Female
Under 16	—	—	1	1
16—17	2	3	1	7
18—19	6	6	7	12
20—24	19	20	37	19
25 and over	33	15	42	16
Total	60	44	88	55

The 15—19 age group in males was 13% (10%) and in females 20% (36%) of the total male and female cases.

Male homosexuals accounted for 3 of the 60 cases.

Table 2. RESIDENCE OF NEW CASES OF GONORRHOEA

Age	Norwich		Norfolk (including Great Yarmouth)		Suffolk (including Lowestoft)	
	Male	Female	Male	Females	Male	Female
Under 16	—	—	—	—	—	—
16—17	—	—	2	2	—	1
18—19	2	1	4	5	—	—
20—24	11	12	8	8	—	—
25 and over	17	11	15	3	1	1
Total	30	24	29	18	1	2

Of the male patients 55% (71%) contracted their infection in this area.

Table 3. NEW CASES OF OTHER GENITAL INFECTIONS

	1972	1971
Non-specific genital infection	292	208
Trichomoniasis	92	92
Candidiasis	118	131
Pediculosis pubis	53	55
Genital warts	120	100

Screening tests were negative in 591 patients (541); of these 353 were male and 238 female.

Paragraph 8e, Circular 1/73, of the Department of Health and Social Security requests information on contact tracing and the development of local health educational efforts against this disease. A Health Visitor has for many years now been attached to the Department of Sexually Transmitted Diseases of the Norfolk and Norwich Hospital and is very active in tracing contacts. So far as Health Education against venereal disease is concerned we consider it more appropriate to deal with this as part of personal relationships and Heads of most of the senior schools in the City have been most interested and co-operative in allowing talks, by the Health Education team, on personal relations. Out of some 150 sessions in schools devoted to personal relationships about 40 were devoted to venereal disease.



WATER, SEWERAGE AND SEWAGE DISPOSAL
HOUSING, SLUM CLEARANCE,
INSPECTION AND SUPERVISION OF FOOD,
OFFICES AND SHOPS,
CLEAN AIR

VI. — ENVIRONMENTAL HEALTH CIRCUMSTANCES OF THE AREA

PUBLIC CLEANSING AND PUBLIC CONVENIENCES

(a) **WATER Supply**

1. (a) The water supplied was satisfactory both (i) in quality and (ii) in quantity.
- (b) On five occasions during the year there was some evidence of bacterial contamination occurring.
E.Coli was isolated from three samples collected, but upon immediate re-sampling the water was found to be of excellent bacterial quality. The remaining two contaminations were of no purity significance. It is worthwhile noting that the contaminations were isolated, not concurrent, could not be attributed to any treatment plant or operational failure, and no further action was therefore taken.
- (c) (i) The number of dwelling houses served in the Norwich County Borough Council area was approximately 49,359, representing a population of 121,688.
(ii) No domestic supplies were provided by standpipe.
- (d) The fluoride content of the water on supply at the present time is as follows:—

Source	Fluorine content as parts per million 'F'
River Wensum	0.32
Thorpe Borehole	0.13
Colney Borehole	0.25

2. (a) The total number of samples collected during the year for bacteriological and physico/chemical analyses from the systems supplying the Norwich County Borough Council area was 2,998. Of this total 249 were taken from the River Wensum, and a total of 90 from the untreated Thorpe and Colney boreholes. All samples taken from the River Wensum were of a wholly unsatisfactory nature and of the 90 samples taken from the untreated borehole waters only one failed to reach a bacteriological standard of excellence.
1,627 samples were taken from the finally treated and distributed water and the results of these analyses are as follows:—

Percentage of total	Bacteriological Classification
99.7	1 (Excellent)
0.1	2 (Satisfactory)
—	3 (Suspicious)
0.2	4 (Unsatisfactory)

On the evidence of the above results a purity figure of 99.8% was gained during the year. The remaining 1,032

bacteriological samples were taken for plant control purposes at the various stages of the water treatment process at the Department's Heigham Works. All new mains were effectively sterilised by chlorination before commissioning. Chemical analyses of the various sources are attached.

- (b) The water has a very slight plumbo solvent and is pH corrected as a final treatment by the addition of saturated lime water. 282 samples were taken to ensure continuity and the degree of saturation of the lime water and samples taken quarterly and examined for lead content from a standard non-domestic lead service pipe and examined for lead content the results were as follows:—

June	.17
September	.16
December	.10
March	.13

It should be noted that the above results are related to samples taken under maximum time (16 hours) for lead uptake conditions, are for recording and control purposes only and are in no way representative of the amount of lead taken into solution in a normal domestic lead service, such a figure being most probably less, proportional to time of contact, dependent upon pipe age and the sampling procedure adopted.

During the year ending 31st March, 1973 a total of 187 samples were taken from the Education Department's swimming pools at the Earlham, Hewett, Fairways and Thorpe Schools for bacteriological and treatment control purposes, the results are as follows:—

Percentage of total	Bacteriological Classification
98.9	1 (Excellent)
0.6	2 (Satisfactory)
—	3 (Suspicious)
0.5	4 (Unsatisfactory)

It is satisfactory to report that the process of sterilisation and chemical treatment at all the school swimming pools have been maintained at a high level.

CHEMICAL ANALYSES OF WATER

Analyses				River Wensum	Thorpe Borehole	Contact Tank
<i>Bacteriological analysis</i>						
Coli Aerogenes Bacteria						
Presumptive	...	...	...	90	0	0
Confirmed	...	...	...	4	0	0
E.Coli type	...	...	...	1		
<i>Total bacterial count per ml Nutrient agar</i>						
24 hrs. at 37°C	...	...	...	20	3	1
72 hrs. at 22°C	...	...	...	240	15	2
<i>Physical/Chemical</i>						
Temperature	...	...	...	10°C	11°C	9.5°C
Appearance	...	...	...	Very feint opalescence	Clear and bright	
Taste	...	...	...	—	None	None
Odour	...	...	...	None	None	None
Colour (Hazen)	...	...	...	10	0	0
Opacity (Ftu.)	...	...	...	1.5	Nil	0.15
pH.	...	...	...	8.3	7.3	7.7
Langeliers Index	...	...	...	Positive 0.8	Negative 0.2	Positive 0.2
<i>Mineral</i>						
Free CO ₂	...	...	...	None	25.0	12.0
Total Alkalinity CaCO ₃	...	...	...	240.0	197.5	210.0
Ammoniacal Nitrogen			'N'	.043	Nil	.266
Albuminoid Nitrogen			'N'	.255	Nil	.097
Nitrogen as Nitrite			'N'	Very feint trace	Nil	Nil
Nitrogen as Nitrate			'N'	3.82	10.93	4.08
Total Hardness CaCO ₃	...	...	...	325.0	306.0	333.0
Temporary	...	...	...	240.0	197.5	210.0
Permanent	...	...	...	85.0	108.5	123.0
Calculated total Hardness CaCO ₃	...	...	...	330.1	311.4	335.9
Due to Calcium	...	...	...	309.5	273.5	317.0
Due to Magnesium	...	...	...	20.6	37.9	18.9
Calcium			Ca	123.8	109.4	126.8
Magnesium			Mg	5.0	9.2	4.6
Sulphate			SO ₄	65.8	65.8	78.2
Carbonate			CO ₃	144.0	118.5	126.0
Nitrate			NO ₃	16.9	48.4	18.1
Chloride			Cl	42.0	54.0	44.0
Silicate			SiO ₂	5.0	14.0	2.0
Fe ₂ O ₃ + Al ₂ O ₃	...	...	...	2.2	1.2	2.0
Suspended Solids			180C	1.4	Nil	Nil
Solids in Solution			180C	435.0	460.0	425.0
Iron			Fe	0.14	Nil	Nil
Lead			Pb	Nil	Nil	Nil
Copper			Cu	Nil	0.24	.06
Zinc			Zn	Nil	Nil	Nil
Manganese			Mn	.04	Nil	Nil
Cyanide			Cn	Nil	Nil	Nil
Phosphate			PO ₄	0.51	0.12	0.17
Fluorine			F	0.32	0.13	0.21
Calcium Carbonate	...	...	...	240.0	197.5	210.0
Calcium Sulphate	...	...	...	94.5	93.23	110.8
Calcium Chloride	...	...	...		8.06	28.3
Magnesium Chloride	...	...	...	19.6	36.06	18.0
Sodium Chloride	...	...	...	45.2	36.26	20.6
Sodium Nitrate	...	...	...	23.2	66.35	24.8

Fluoridation of Water Supplies

In compliance with Paragraph 8(d), Circular 1/73 of the Department of Health and Social Security, I have to report that no action was taken by the Council on the fluoridation of the public water supply. Members will, however, recall that the recommendation of the Health Committee to adjust the fluoride content of the water to 1 p.p.m. has been rejected by this Council on some 5 occasions.

(b) Medical Examination of Employees

Newly appointed employees in the Water Department are medically examined. The Water Engineer also informs the Health Department of any sickness amongst the employees, and, if I consider it necessary, they are medically examined before resuming work. 33 newly appointed employees were examined and in 5 instances re-examination of employees absent through sickness were considered advisable and carried out.

(c) Wells

Details of premises in the City having private water supplies available by means of wells are as follows :—

	Having mains available	No mains available	Total
Domestic premises	1	5	6
Food Manufacturing Premises—			
Abattoirs	2	—	2
Soft drinks	1	—	1
Dairies	1	1	2
Bakery	1	—	1
Breweries	1	—	1
Flour millers	1	—	1
Other trade premises using water for boiler feed, wash- ing down, cooling, etc. ...	6	—	6
	<hr/> 14	<hr/> 6	<hr/> 20

65 samples of well water were taken for bacteriological examination. 14 of these were from wells serving domestic premises having no mains water; the results being satisfactory in each case. Unsatisfactory results were obtained on two occasions from a well situated on trade premises, the water from which is not used for drinking purposes.

(d) Routine Sampling by Health Department

As far as water going into the supply is concerned, 295 samples were examined bacteriologically, and all reached the highest standard of excellence.

(e) Sewerage and Sewage Disposal

During the year combined sewers in the following streets were replaced with separate systems :—

Marlborough Road Back Passageway
College Road
Mount Pleasant
Bury Street
Chester Street
Durham Street
Kimberley Street
Napier Street
St. Gregory's Alley

Cesspools at the 'Little Chef' and Norwich City Football Stadium were abandoned and the drainage taken to sewers.

Sewage Disposal

Work is proceeding well with the contract to extend the Whitlingham Sewage Purification Works.

Annual Report

of

THE CHIEF PUBLIC HEALTH INSPECTOR

(J. H. SMELLIE, M.R.S.H., F.A.P.H.I.)

for the year 1972

MY LORD MAYOR, LADIES AND GENTLEMEN,

I have pleasure in presenting my report on the work of the Environmental Health Section.

Further progress has been made in the Council's scheme for modernising refuse collection, to the extent that by the end of 1972 practically half of the City had been converted to the plastic bin liner system. In the light of a year's experience of its operation, it is pleasant to report that this much improved way of storing and collecting refuse has been well received by the public, and the number of instances of misuse has been minimal; the refuse collectors, too, appreciate the better working conditions which this new system brings.

The problem of disposal of the City's refuse when tipping at Harford Bridges ceases shortly has now been resolved. In this sphere it has been found possible for Norwich and the surrounding rural districts to combine with each other, and by means of a joint arrangement to exercise the function of refuse disposal in the light of changing circumstances, i.e. those brought about by the drying up of tipping land in the City and some parts of the surrounding districts. Taking all things into consideration, it appears that the best solution for the combined areas is a programme of controlled tipping, this being considered the optimum method of disposal, based on the use of an existing tip at Strumpshaw, to which will be added in due course further tips at Attlebridge and Wymondham—subject to availability of land and approval by all interested parties. Those three tipping sites will meet the needs of the City and surrounding areas for the next 15 years; whilst the eventual acquisition of a site at Costessey will satisfy even longer-term tipping requirements. Under the 1974 reorganisation of local government, refuse disposal will become the statutory responsibility of the County Council and, bearing in mind that the prime consideration must always be the most convenient and efficient operation of the service for the benefit of the public, it is apparent that here is a case where detailed local knowledge is an advantage, and that Member involvement at local Council level is particularly

important. This may point to the desirability of County Councils profiting from the local knowledge, organisation and expertise in the hands of the new district councils by establishing Agency arrangements, as the best practical means of discharging this function.

The impending closure of the Council's refuse tip at Harford Bridges means that the refuse dumping bunker at the tip gates which has provided a widely used and much appreciated facility for Norwich house-holders, will also have to be dispensed with. However, since the provision of such facilities is an obligation under the Civic Amenities Act it will be necessary to establish them elsewhere, and the Health Committee has already agreed that the best way of doing so is to obtain a sufficient number of large metal containers and place them at suitable selected points around the City. The procedure will be for these containers to be removed as and when necessary and be replaced by an empty container. There is no doubt that the existing reception area at Harford Tip gates has done a great deal to reduce indiscriminate tipping and I feel that the container sites, when established, will be even more acceptable to the public and will have a better presentation.

The first mobile public convenience unit originally purchased for purposes of hire has become a permanent feature on one of the City's central car parks, and during the year delivery was taken of a second unit. It is evident, judging by the requests received for their hire, which are on the increase, that mobile public convenience facilities fulfil a very useful purpose and are much appreciated by organisations planning functions attended by large numbers of people.

Positive progress has been made towards the setting up of the caravan site for gipsies. The problem has been not so much the principle of providing accommodation for gipsies, as of selecting the most suitable site so as to avoid its isolation from essential amenities, e.g. schools. The caravan site is a joint venture between City, County, and surrounding Rural Authorities, and it was by common consent that an area of the land at Mile Cross Road, in the ownership of the Corporation, was appropriated for this purpose.

A number of houses in the City are known to us as being in multiple occupation. There are probably others which have not come to light, and it is for the purpose of being able to identify all such houses that the Council made a Scheme of compulsory registration and control relating to houses in multiple occupation, which, when in operation, would enable them to keep these houses constantly under review so that acceptable standards of health and amenity requirements could be maintained. The Scheme was submitted to the Minister and at the end of the year was awaiting his confirmation.

Finally, my thanks are due to the Chairman and Members of the Health Committee for their continued guidance and encouragement, and to all members of the Staff of my Section for their co-operation and support.

I am, My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

J. H. SMELLIE,

Chief Public Health Inspector.

February, 1973

GENERAL

Public Health Acts—Remedying of housing defects

The following is a summary of the principal work done during the year :

1,965 nuisances detected
256 notices served
2,106 premises inspected
1,768 nuisances abated

Nuisance Orders were applied for in 47 cases. 10 were granted by the Magistrates, and the remainder were withdrawn as the necessary repairs had been done before the hearing.

Miscellaneous Complaints

1,666 visits were made in connection with sundry complaints.

Offensive Trades

Offensive trades carried on consist of 3 dealers in rags, skins and bones and one fellmonger. No complaints were received and the trades were carried on in a satisfactory manner.

Common Lodging Houses

There are 3 registered keepers of common lodging houses. All premises were found to be conducted in a satisfactory manner. 14 visits were made.

Drainage

2,002 visits were made in connection with choked and/or defective drains, or alterations to, or reconstruction of drainage systems.

Caravan Sites

There is one licensed caravan site. 478 visits were made in respect of caravan sites and areas used for temporary siting of caravans.

Cinemas—Sanitary Conditions

There are 7 cinemas in the City. 12 visits were made and conditions found to be satisfactory.

Infectious Diseases, etc.

During the year 369 visits were made to dwelling-houses and other premises in connection with contagious diseases, and food poisoning.

Infestation Control

(a) Rats and mice destruction

(i) Treatment following complaints

	Dwelling- houses	Other premises	Total
No. of new complaints ...	1,157	80	1,237

(ii) Treatment in the City Sewers

The sewers were treated by the placing of baits containing fluoracetamide in selected manholes throughout the City.

3,127 visits were made by the Inspectors and Technical Assistants in connection with rodent control.

(b) Pigeon Control

Three treatments were carried out during the year following complaints from the public; a total of 300 pigeons were destroyed. 77 visits were made by the Inspectors and Technical Assistants in connection with complaints of pigeon infestation.

(c) Insects, etc.

1,020 visits were made in connection with other types of infestation.

Animal health

10 pet shops, 2 boarding establishments for cats and dogs, and 1 riding establishment were licensed. 44 visits were made.

Rag Flock and Other Filling Materials Act, 1951

3 premises are registered for the purpose of upholstery, etc. 3 samples of filling material were taken, all of which were satisfactory.

Fertilisers and Feedingstuffs Act, 1926

12 samples of feedingstuffs were obtained for analysis by the Agricultural Analyst. All were reported as satisfactory.

Public Swimming Baths

Routine weekly sampling of the water at the City of Norwich Bath and Lakenham Bath for bacteriological examination was carried out with satisfactory results.

School Swimming Baths

Routine weekly sampling of the water in the five pools for bacteriological examination was carried out whilst they were in operation. Apart from one isolated instance, the samples were satisfactory.

Private Swimming Baths

One private bath in the grounds of an hotel was opened during the year, being available to residents only. Routine samples were taken for bacteriological examination with satisfactory results.

Noise Abatement

61 problems relating to noise were dealt with; they are classified as follows:—

Building operations	...	...	...	...	1
Machinery	...	...	...	...	25
Loading/unloading of vehicles			...	...	4
Mobile machinery (pneumatic drills, etc.)				...	16
Motor Engines and Traffic	...	...		...	2
Playing of musical instruments, radio sets, etc.				...	9
Animal noises	...	...	...	...	4

451 visits were made, and advice given as appropriate.

Technical Training

The two trainee public health inspectors passed their Intermediate Examination for the Public Health Inspector's Diploma in June.

OFFICES, SHOPS AND FACTORIES

Offices, Shops and Railway Premises Act, 1963

(i) Registration and General Inspections

Class of premises	No. of premises registered during the year	Total number of registered premises at end of year	No. of registered premises receiving one or more general inspections during the year
Offices ...	100	550	189
Retail shops ...	132	791	236
Wholesale shops, warehouses ...	17	107	98
Catering establishments open to the public, canteens...	21	116	110
Fuel storage depots	1	10	5
	<hr/> 271	<hr/> 1,574	<hr/> 638

(ii) Number of visits of all kinds (including general inspections) to registered premises 2,410

(iii) Analysis of persons employed in registered premises, by workplace, at end of year:—

Class of workplace				No. of persons employed
Offices	...	...	...	10,626
Retail shops	...	...	...	5,932
Wholesale departments, warehouses	...	...	...	1,372
Catering establishments open to the public	...	...	...	1,331
Canteens	...	...	...	177
Fuel storage depots	...	...	...	33
Total				19,471
Total Males				9,218
Total Females				10,253

(iv) Defects found and remedied

Section of the Act	Defect	No. found to exist	No. remedied
4	Cleanliness	107	74
5	Overcrowding	—	1
6	Temperature (including lack of thermometers)	117	89
7	Ventilation	12	8
8	Lighting	21	17
9	Sanitary conveniences	156	143
10	Washing facilities	51	36
11	Drinking water	13	7
12	Clothing accommodation	16	14
13	Sitting facilities	6	7
14	Seats	—	1
15	Eating facilities	—	—
16	Floors, passages and stairs not kept free of obstructions, etc.	219	165
17	Dangerous machinery	9	13
20	Hoists and Lifts	16	8
24	First Aid	119	93
50	Failure to display prescribed notices	139	107
	Structural or decorative defects to walls, ceilings, windows, etc.	54	27

One point arising from inspection of premises which is worthy of mention concerns defects to manually-operated goods lifts. Difficulty had arisen in some instances in determining the best practical means to be employed in making the lifts comply with the Regulations. Advice on this question was sought from the

Department of Employment who kindly arranged for a visit to Norwich by the Deputy Superintending Inspector of Factories. The valuable assistance and guidance given by the Deputy Inspector, which was very much appreciated, enabled an agreement to be reached with all the parties concerned as to the nature of the works required.

(v) Accidents

44 accidents to males and 33 to females were reported. Details are given below :

	No. of accidents	Percentage of number of persons employed
Offices	21	0.2%
Retail shops	35	0.6%
Wholesale Shops/Warehouses ...	10	0.7%
Catering Establishments ...	8	0.6%
Canteens	3	1.7%
	<hr/> 77 <hr/>	

The causes of these accidents are classified as follows :—

Colliding with or being struck by objects	... 21
Lifting or handling of goods ... ..	... 22
Slipping or tripping on level surfaces ...	... 4
Slipping or falling on staircases, steps, etc.	... 8
Other falls ... ..	... 5
Use of hand tools ... ..	... 5
Involving machinery ... ..	... 2
Involving vehicles ... ..	... 7
Miscellaneous ... ..	... 3

Shops Act, 1950

29 visits were made in connection with various requirements of the Act.

Factories

Inspections for purposes of provisions as to health :

Premises	Number on Register	Number of Inspections	Written Notices
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authority ...	14	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	530	59	3
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers) ...	45	498	—
Total ...	589	562	3

Cases in which defects were found

Particulars	Number of cases in which defects were found		No. of cases in which prosecutions were instituted	
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector
Sanitary conveniences : —				
(a) insufficient ...	—	1	—	—
(b) unsuitable or defective ...	3	6	—	1

Outwork

Nature of Work	No. of outworkers notified
Wearing apparel—making etc. ...	240
Brushmaking ...	3
Cosaques, Christmas stockings, etc. ...	117
	360

HOUSING

Slum Clearance

122 families were rehoused from areas which had been confirmed by the Minister. 57 families were rehoused from individual unfit houses.

The following clearance areas were represented:—

Area	Dwelling-houses	Dwelling-houses/ Business Premises	Licensed Premises	Population
Lawson Road, etc., Clearance Areas ...	70	Nil	Nil	155
Northumberland St., etc., Clearance Areas ...	100	Nil	Nil	165
Orchard Street, etc., Clearance Areas ...	141	5	Nil	302
Wales Square Clearance Area ...	11	Nil	Nil	9
Peacock Street, etc., Clearance Areas ...	49	Nil	Nil	96

Details of Public Inquiries (where held) and Orders confirmed by the Minister are as follows:—

	Date of Public Inquiry	Date of confirmation by the Minister
Chamberlin Road, etc., Clearance Areas, Compulsory Purchase Order, 1971 ...	8.3.72	6.7.72

Individual Unfit Houses

1. Number of dwelling-houses in respect of which demolition orders were made ...	7
2. Number of dwelling-houses in respect of which closing orders were made ...	16
3. Number of dwelling-houses in respect of which undertakings not to re-let were accepted ...	17
4. Number of separate dwellings or underground rooms in respect of which closing orders were made ...	16

Inspection of Dwelling-houses

1. (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	2,538
(b) Number of inspections for the purpose ...	4,811

2. (a) Number of dwelling-houses (included under sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	...	...	...	...	1,634
(b) Number of inspections for the purpose	...	...	...	...	2,705
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation—Housing Act, 1957	...	...	...	...	405
4. Number of dwelling-houses, excluding those in paragraph 3 above, found not fit in all respects and dealt with under Public Health Acts	...	...	...	...	256

Remedy of defects without service of formal notice

Number of dwelling-houses rendered fit in consequence of informal action by officers of the Local Authority	36
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Action under Statutory Powers

A.—Proceedings under Sections 9 and 10 of the Housing 1957 :—

1. Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	8
2. Number of houses which were rendered fit after service of formal notice, by owners, or by local authority in default	...	...	...	...	1

B.—Proceedings under the Public Health Acts :—

1. Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	256
2. Number of dwelling-houses in which defects were remedied after service of formal notices :—					
(a) By owners	...	...	...	...	224
(b) By Local Authority in default of owners	...	...	...	...	33

C.—Proceedings under Sections 16 and 17 of the Housing Act, 1957 :—

1. Number of dwelling-houses in respect of which demolition orders were made	...	...	...	...	7
2. Number of dwelling-houses in respect of which closing orders were made	...	...	...	...	16
3. Number of dwelling-houses in respect of which undertakings not to re-let were accepted	...	...	...	...	17
4. Number of dwelling-houses demolished in pursuance of demolition orders	...	...	...	...	54
5. Number of dwelling-houses demolished in pursuance of closing orders	...	...	...	...	29

6. Number of dwelling-houses demolished in pursuance of undertakings not to re-let	13
7. Number of demolition orders determined, the premises having been rendered fit for habitation	—
8. Number of closing orders determined, the premises having been rendered fit for habitation	3
9. Number of undertakings determined, the premises having been rendered fit for habitation	—

D.—Proceedings under Section 18 of the Housing Act, 1957 :—

1. Number of separate tenements or underground rooms in respect of which closing orders were made	16
2. Number of separate tenements or underground rooms in respect of which closing orders were determined, the tenement or rooms having been rendered fit	3
3. Number of separate tenements on which closing orders were operative or undertakings have been accepted and which were demolished	—

E.—Proceedings under Section 28 of the Housing Act, 1957 :—

1. Number of dwelling-houses in respect of which demolition orders were made	—
2. Number of dwelling-houses demolished in pursuance of demolition orders	—

F.—Proceedings under Section 26 of the Housing Act, 1961 :—

1. Number of dwelling-houses in respect of which a closing order has been substituted for a demolition order	—
---	---

<i>Individual Unfit Houses represented during the year</i>	29
---	----

Houses in multiple occupation

Number found during the year to be in multiple occupation	8
Number in respect of which statutory notices were served	4
Number made to comply with the standards in all respects	5
Number of visits by inspectors	252

Improvement Grants

Number of requests from City Engineer for opinion to determine prospective life of property for which application for grant has been made	1,226
Number of specifications prepared, i.e. of works required to make the property fit in all respects	826
Number of visits by inspectors	1,384

Qualification Certificates—Housing Act 1969, and Housing Finance Act 1972

Applications received	...	...	...	...	73
Applications later voluntarily withdrawn	...	...	...	...	9
Applications refused because of lack of standard amenities	...	...	...	...	14
Applications approved	...	...	...	...	101
Applications held, pending satisfactory completion of works of repair	...	...	...	...	181
Number of visits by Inspectors	...	...	...	...	444

Part III of the Housing Finance Act, 1972 supersedes Part III of the Housing Act, 1969 and effects certain changes in the procedures for converting into regulated tenancies, by the issue of qualification certificates, those controlled tenancies which reach the qualifying standard of amenity and repair.

Applications for re-housing on medical, etc., grounds

Visits were made to 184 premises (148 by Health Visitors, and 36 by the Chief Public Health Inspector), the tenants of which had requested rehousing on medical or other special grounds, and a report was made to the Medical Officer of Health, in each case, of the conditions existing.

House Building

Permanent new houses and flats were erected during the year as follows:—

(a) Council dwellings	...	...	...	613
(b) Private dwellings	...	...	...	176

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

No. of milk distributors on register at 31st December 143

No. of licences in force at 31st December:—

(a) Dealer's (pre-packed milk) licences:—

(i) Untreated	...	...	...	3
(ii) Pasteurised	...	...	...	111
(iii) Sterilised	...	...	...	37
(iv) Ultra heat treated	...	...	...	48
(b) Dealer's licence (Untreated)	...	...	...	1
(c) Dealer's (Pasteuriser's) licence	...	...	...	1

Regular routine sampling of milk, both for chemical analysis and bacteriological examination, was carried out, and the samples submitted to the prescribed tests. Results of the samples taken are as under :—

	Satisfactory	Unsatisfactory	Total
Samples taken for Chemical Analysis (and carried out in the department)	151	—	151
Bacteriological examination:—			
(a) Untreated milk	14	4	18
(b) Pasteurised milk	105	5	110

Poultry Inspection

No. of poultry processing premises	...	3
No. of visits thereto ... ..	...	25
Total number of birds processed	...	355,897
Percentage of birds rejected as unfit for human consumption	...	0.09%
Weight of poultry condemned ... ..	...	1,915 lbs.
Turkeys, ducks, hens, broilers, capons and geese are dealt with.		

Meat Inspection

Details of animals killed and inspected :—

	Number inspected at:	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Total	Equivalent Cattle Units
City of Norwich								
Abattoir ...		6,726	132	229	7,123	45,614	59,824	31,165
Pointer's Private								
Abattoir ...		424	16	126	479	127,047	128,092	64,101
		—	—	—	—	—	—	—
		7,150	148	355	7,602	172,661	187,916	95,266
		—	—	—	—	—	—	—

Condemnation of Meat

All diseases except
Tuberculosis and
Cysticerci

	Cattle	Cows	Calves	Sheep and Lambs	Pigs
Whole carcasses condemned	8	7	18	18	514
Carcasses of which some part or organ was condemned	940	53	28	448	33,330
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci ...	13.3	40.5	12.9	6.1	19.6

Tuberculosis only

Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	512
Percentage of the number inspected affected with Tuberculosis ...	—	—	—	—	0.3

Cysticercosis

Carcasses of which some part or organ was condemned	6	—	—	—	—
Carcasses submitted to treatment by refrigeration ...	6	—	—	—	—
Generalised and totally condemned ...	—	—	—	—	—

Percentages of carcasses diseased:—

(a) Diseases excluding tuberculosis and cysticerci

	Cattle excluding Cows %	Cows %	Calves %	Sheep and Lambs %	Pigs %
1962 ...	11.9	26.4	1.88	1.0	9.5
1970 ...	16.1	37.8	17.5	6.4	15.4
1971 ...	11.7	30.9	7.5	6.1	22.0
1972 ...	13.3	40.5	12.9	6.1	19.6

(b) Tuberculosis only

1962 ...	0.3	0.4	0.0	0.0	2.4
1970 ...	0.0	0.0	0.0	0.0	0.4
1971 ...	0.0	0.0	0.0	0.0	0.2
1972 ...	0.0	0.0	0.0	0.0	0.3

Carcases and Organs Condemned

Diseases	Cattle			Calves			Sheep			Pigs		
	A	B	C	A	B	C	A	B	C	A	B	C
Abscesses ..	—	775	73	—	—	—	—	5	6	2	1,540	3,988
Actinomycosis	—	32	—	—	—	—	—	—	—	—	2	20
Actinobacillosos	—	—	—	—	—	—	—	—	—	—	—	—
Arthritis ..	1	—	—	—	—	—	1	4	5	13	2,251	696
Bruising ..	—	2	—	—	—	—	—	—	—	8	6	198
Cirrhosis ..	—	12	—	—	—	—	—	—	—	—	—	—
Cysticercus bovis	—	200	—	—	—	—	—	28	—	—	—	—
Distomatosis	—	—	—	—	—	—	7	—	—	10	—	—
Emaciation	—	2	—	—	1	—	—	—	—	—	—	—
Emphysema	—	—	—	3	—	—	1	—	—	4	—	—
Enteritis ..	—	—	—	—	—	—	—	—	—	5	—	—
Erysipelas..	—	—	—	1	—	—	—	—	—	—	—	—
Immaturity	—	—	—	—	—	—	—	—	—	—	—	—
Injury ..	—	5	40	—	—	—	—	—	5	3	98	80
Jaundice ..	—	—	—	1	—	—	4	—	—	12	—	—
Mastitis ..	—	1	—	—	—	—	—	—	—	—	—	—
Melanosis..	—	2	—	—	—	—	—	—	—	—	—	—
Moribund..	—	—	—	—	—	—	—	—	—	12	—	—
Nephritis ..	—	11	—	—	2	—	—	—	—	—	—	—
Oedema ..	4	3	—	—	—	—	4	—	—	55	—	—
Parasites ..	—	16	—	—	1	—	—	850	—	—	29,560	9
Pericarditis	—	33	—	—	2	—	—	2	—	—	7,820	8
Peritonitis..	—	8	—	—	—	—	—	2	—	4	—	—
Pleurisy ..	—	13	—	—	2	—	1	2	—	—	15,983	213
Pneumonia	—	13	—	—	6	—	—	—	—	1	—	—
Pyæmia ..	1	—	—	6	—	—	—	—	—	195	1	—
Septicaemia	9	10	—	7	7	—	—	3	—	190	26	10
Telangiectasis	—	25	—	—	—	—	—	2	—	—	—	—
Toxaemia ..	—	—	—	—	—	—	—	—	—	—	1	—
Tuberculosis	—	—	—	—	—	—	—	—	—	—	1,024	—
Totals	15	1,163	113	18	21	—	18	898	16	514	58,312	5,222

A=Whole carcases including organs. B=Organs. C=Meat (Pounds)
The total weight of meat condemned was over one million 178 tons

Condemnation of Unsound Food

The following quantities of foods were condemned as being unfit for human consumption :—

Meat	Fish	Other Foods	
		Tins	Packets
4 cwts. 102 lbs.	10 cwts. 105 lbs.	9,929	2,085

Chemical analysis of Food and Drugs

Description	Number of samples examined		Number reported as being unsatisfactory in some respect	
	Formal	Informal	Formal	Informal
Alcoholic drinks and liqueurs ...	1	3	—	2
Beverages	—	3	—	—
Baby foods	—	3	—	1
Butter, margarine and cooking fats	—	4	—	1
Cakes, pastries, biscuits ...	—	6	—	—
Cakes, pastries, biscuits (cream filled)	—	2	—	1
Cake and pudding mixes ...	—	7	—	1
Cereals and other farinaceous foods	—	2	—	—
Cheese and cheese products ...	—	12	—	2
Colouring, flavouring, seasoning and decorative materials ...	—	17	—	—
Composite meals	—	5	—	1
Cordials, fruit juices and other soft drinks	—	11	—	1
Cream and artificial cream ...	—	6	—	1
Custard powder and blancmange	—	2	—	—
Fish, tinned	—	14	—	4
Fish paste	—	6	—	—
Flour	—	1	—	1
Fruit, tinned	—	10	—	—
Fruit puddings, pies and filling mixtures	—	2	—	—
Jams, marmalade and preserves	—	3	—	—
Jellies	—	2	—	—
Meat, raw	—	4	—	1
Meat, prepared	1	6	—	—
Meat products	—	61	—	11
Medicines and drugs	—	2	—	—
Milk, tinned	—	2	—	—
Potato crisps and sticks ...	—	5	—	—
Sauces, pickles, condiments ..	—	15	—	1
Sausages	—	10	—	—

Description	Number of samples examined		Number reported as being unsatisfactory in some respect	
	Formal	Informal	Formal	Informal
Soup	—	9	—	—
Sugar and artificial sweeteners ...	—	2	—	—
Sweets and chocolate	—	3	—	1
Vegetables, dried	—	1	—	—
Vegetables, tinned	—	12	—	1
	—	—	—	—
	2	254	—	31
	—	—	—	—

In addition, two samples of fresh fish and two of shellfish were taken and submitted to the Public Analyst for examination for the presence of pesticide residues, as part of a national survey into this problem in which the Council is co-operating.

Food Premises

Category	Total Number	Inspections
Bakehouses	16	93
Butchers	131	359
Catering Establishments ...	381	806
Factories	22	525
Fried Fish Shops	55	148
Public Houses	215	192
Grocers, confectionery and general	468	1932
Wholesale premises	48	173

227 notifications were sent to persons carrying on food businesses drawing attention to contraventions of the Regulations.

Registered premises

Under Food and Drugs Act, 1955—Section 16:—

	Number	Inspections
Ice Cream	292	337
Potted, pressed, pickled and preserved food and sausages	108	179

Under Milk and Dairies Regulations:—

Dairies	3	34
Milk distributors	143	102

Ice Cream (Heat Treatment) Regulations

42 samples of ice cream were submitted to the methylene blue test.

Food Prosecutions

Details are as follows:—

1.	Sale of food not of the quality demanded— sultanas containing foreign body ...	£25
2.	Sale of food not of the quality demanded— cheese affected by mould ...	£50 plus £10 costs
3.	Sale of unfit food—shoulder of lamb affected by mould ...	£40
4.	Smoking whilst handling food ...	£10

CLEAN AIR

Measurement of Air Pollution

Air Pollution readings were continued at the five recording stations in the City.

Prior approval of furnace installations and chimney heights

37 applications for prior approval of furnace installations and approval of chimney heights were received and dealt with.

Smoke Control Areas

2 Smoke Control Orders came into operation during the year. Details of these are given in the Progress Report below.

Progress Report—Smoke Control Programme

Order No.	Approximate Location	Year Order Made	Operative Date	Acreage	No. of Dwellings	No. of other Premises	Remarks
1	Rouen Road	1968	1. 7.69	104	523	479	Area re-developed now contains 629 dwellings
2	Bowthorpe	1971	1.11.72	727	4	1	Order made prior to anticipated redevelopment
3	St. Faiths Airfield	1971	1.11.72	604	35	24	

PUBLIC CLEANSING AND PUBLIC CONVENIENCES

No. of vehicle loads of house and trade refuse disposed of ...	9,818
No. of special collections, i.e. of bulky household refuse	4,484
No. of premises having cesspools ...	26
Income accruing from collection and disposal of trade refuse ...	£4,529
Income accruing from traders conveying refuse to Harford Tip ...	£9,477

Public conveniences

Structures containing ladies' and gents' toilets	...	11
Structures containing gents' toilets only	...	3
Structures containing urinals only	...	3
Mobile conveniences (ladies' and gents')	...	2

Visits by Cleansing Inspectors 12,857

Deposit of Poisonous Wastes Act, 1972

The Act came into force on 3rd August. Firstly, it makes it an offence to deposit any poisonous, noxious or polluting waste in circumstances which may give rise to an environmental hazard and, secondly, it places on persons concerned the onus of giving notification to local authorities and river authorities when quantities of certain wastes are being removed from or deposited in their areas. The object is to curb abuses which have arisen; but the Minister recognises that industry must be able to dispose of its waste and that, "subject to careful control, much industrial and other waste can be deposited in tips without serious harm to the environment". The following notifications were received from firms concerned:—

(a) Removal of waste from premises in Norwich	...	21
(b) Deposit of waste at the Norwich refuse tip	...	4
(c) Deposit of waste at tips in the areas of other local authorities	... ..	202

To date the number of notifications received has presented no difficulties. However, with the ever-changing trends in industrial development the disposal of toxic waste materials may well become of much greater significance in the future.

REPORT OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER

VII.—SCHOOL HEALTH
SERVICE

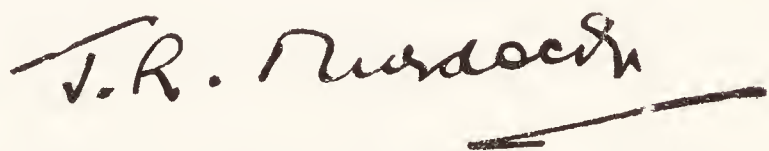


INTRODUCTION

I have pleasure in presenting the Annual Report on the School Health Service for the year 1972.

This is the 65th Annual Report of the Principal School Medical Officer for the City of Norwich.

I am very grateful for the continuing help and support of all those concerned with the functioning of the School Health Service. I am particularly grateful to Heads of Schools and their colleagues.

A handwritten signature in dark ink, reading "J.R. Murdoch". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Principal School Medical Officer

Health Department,
68 St. Giles' Street,
Norwich, NOR 22E.
6th March, 1973.



Annual Report of the Principal School Medical Officer

(1) (a) STAFF OF THE SCHOOL HEALTH SERVICE (as at 31st December, 1972)

MEDICAL STAFF

J. R. MURDOCK (Mod.), B.A., M.D., D.P.H., D.C.H.
Medical Officer of Health and Principal School Medical Officer

D. B. HILL, M.A., M.B., B.Chir., L.R.C.P., M.R.C.S., D.P.H., M.F.C.M.
Deputy Medical Officer of Health and Deputy Principal School
Medical Officer

J. L. STEWART, M.D., Ch.B., M.F.C.M.
Senior Medical Officer (School Health Service)

Part-time Medical Officers (equivalent to 0.9 whole-time) undertake school
medical inspections on a sessional basis.

DENTAL OFFICERS

P. I. CHRISTENSEN, L.D.S., B.D.S.
Principal School Dental Officer

J. M. MITCHELL, L.D.S., R.C.S.
School Dental Officer

R. A. FELLA, B.D.S.
School Dental Officer

H. BRADLEY-WATSON, L.D.S., R.C.S.
School Dental Officer

1 part-time
(1 full-time, 1 part-time vacancy)

**(1) (b) SCHOOL HEALTH CONSULTANT SERVICES
PROVIDED BY THE
EAST ANGLIAN REGIONAL HOSPITAL BOARD**

Cardiac Clinic :

W. A. OLIVER, M.B.E., M.D., F.R.C.P.

Ophthalmic Clinic :

P. H. BEATTIE, M.D.(Aberdeen), D.O.M.S.(Eng.)

W. J. NAUNTON, M.A., M.R.C.S., L.R.C.P., M.B., B.Ch., D.O.M.S.

P. J. L. HUNTER, M.B., Ch.B., D.O.M.S.

Otorhinolaryngic Clinic :

Arrangements exist for the School Health Service to make appointments for
MR. I. S. YOUNG, M.B., Ch.B.(Glasgow), F.R.C.S.(Edin.), D.L.O. and
MR. R. J. SELICK, M.B., F.R.C.S. to see cases at their clinics.

(2) GENERAL INFORMATION

The number of school children on the school register at the end of the year was 21,168 compared with 20,652 at the end of 1971. These figures include the numbers on the registers of the non-local education authority schools at which medical inspection is carried out by the authority.

The number of school departments in the city is as follows:—

I. PRIMARY

First	22.	6087 children in attendance at end of year
Middle	18.	6318 children in attendance at end of year
Combined		
First and		
Middle	3.	992 children in attendance at end of year

II. SECONDARY

7 Schools	5990 children in attendance at end of year
-----------	--

At the year end there were some 504 boys in the senior and 152 in the junior department of the King Edward VI School, and 617 girls (seniors) and 152 girls and boys (juniors) at the Notre Dame School, both non-local education authority schools at which we carry out inspections.

III. NURSERY SCHOOL AND CLASSES

Earlham Nursery School	1.	60 children in attendance at end of year
---------------------------	----	--

At the year end there were also five Nursery Classes in four First Schools at which a number of children under 5 years of age were in attendance (some on a part-time basis only).

IV. SPECIAL SCHOOLS

Physically Handi- capped and Delicate Pupils	1.	55 children in attendance at end of year
Educationally Sub - Normal Pupils	2.	241 children in attendance at end of year

In this year the transfer ages were raised. There were no transfers to Secondary Schools, the 11-year-old children remaining for a further year in their Junior Schools, now known as Middle Schools. Similarly the 7-year-old children remained in their Infant Schools, now known as First Schools.

Four schools were renamed during the year:—

Bull Close Infant School became Magdalen Gates First School.

North Earlham Primary School became Ranworth Primary School.

North Park Infant School became Northfields First School.

Recreation Road Infant School became Heigham Park First School.

(3) MEDICAL INSPECTION

The age-groups in which medical examinations of school children are carried out are as follows:—

- (1) All Entrants (5–6 years old)
- (2) A selective examination of Intermediates (8–9 years old) based on replies by teachers and parents to a questionnaire.
- (3) Leavers—A medical officer interviews each pupil, but examines only those where for any reason it appears necessary.

Routine vision testing of school children is carried out at the following ages:—

- (1) On Entry at age 5–6 years.
- (2) Prior to selective medical inspection at 8–9 years.
- (3) At age 11–12 years (to include colour vision test).

The number of pupils examined at the Schools during the year, their physical condition, and the extent to which parents attended the periodic medical inspections at the schools was as follows:—

Age Groups Inspected (By Years of Birth)	No. of Pupils Examined	Percent- age of Exams at which Parents were present	Number of Pupils found not to warrant a Medical Examin- ation	Findings			
				Number of those whose Physical Condition Satisfac- tory	No. Requiring Treatment		
					For De- fective Vision	For all other Condi- tions	Total In- dividual Pupils
1968 and later	156	96.8	—	156	3	33	34
1967	1146	97.3	—	1146	48	275	305
1966	759	95.9	—	758	21	159	171
1965	105	90.5	—	105	8	18	23
1964	123	81.3	320	123	16	47	56
1963	437	82.8	439	437	21	153	165
1962	179	77.1	162	179	5	67	69
1961	10	70.0	—	10	1	6	6
1960	7	85.7	—	7	—	6	6
1959	6	83.3	1	6	—	3	3
1958	12	33.3	3	12	—	8	8
1957 and earlier	614	23.6	780	613	64	138	197
Total L.E.A. Schools	3554	80.4	1705	3552 (99.94%)	187	913	1043
Non-L.E.A. Schools	99	62.6	38	99 (100%)	12	9	19
Grand Total ..	3653	79.9	1743	3651 (99.94%)	199	922	1062

	L.E.A. Schools	Non-L.E.A. Schools
Number of Re-inspections ..	764	11
Number of Special Inspections ..	641	4
Total ..	1405	15

**Defects found by Medical Inspection during the year ended
31st December, 1972**

[These Tables include separately the number of pupils found to require treatment (T) and the number of those pupils which it was found advisable to keep under medical observation (O)]

Table A—Periodic Inspections at L.E.A. Schools

De- fect Code No. (1)	Classification of Defects and Diseases (2)	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	68	80	26	28	63	21	157	129
5	Eye—								
	Vision	78	187	64	24	45	45	187	256
	Squint	37	19	—	1	6	9	43	29
	Other	5	4	2	1	6	7	13	12
6	Ear—								
	Hearing	17	186	4	6	5	73	26	265
	Otitis Media ..	19	38	2	1	6	6	27	45
	Other	25	46	4	5	26	29	55	80
7	Nose and Throat	55	258	10	15	31	100	96	373
8	Speech	19	91	—	—	6	16	25	107
9	Lymphatic Glands	4	69	—	1	3	15	7	85
10	Heart	12	56	3	3	2	13	17	72
11	Lungs	41	73	7	8	31	47	79	128
12	Developmental—								
	Hernia	5	5	—	1	3	1	8	7
	Other	63	91	37	22	53	46	153	159
13	Orthopaedic—								
	Posture	3	8	1	4	5	4	9	16
	Feet	78	68	9	10	32	29	119	107
	Other	32	59	8	11	11	22	51	92
14	Nervous System—								
	Epilepsy	4	4	2	1	7	3	13	8
	Other	4	22	1	8	20	19	25	49
15	Psychological—								
	Developmental	5	26	11	1	48	4	64	31
	Stability	63	219	1	2	17	90	81	311
16	Abdomen	6	31	4	5	11	13	21	49
17	Other	8	11	8	9	7	8	23	28

Table B—Special Inspections
at L.E.A. Schools

De- fect Code No.	Classification of Defects and Diseases	Special Inspections	
		(T)	(O)
(1)	(2)	(3)	(4)
4	Skin	28	6
5	Eye—		
	Vision	35	27
	Squint	6	1
	Other	5	—
6	Ear—		
	Hearing	16	22
	Otitis Media ..	2	—
	Other	9	2
7	Nose and Throat	20	6
8	Speech	4	2
9	Lymphatic Glands	2	1
10	Heart	3	2
11	Lungs	12	4
12	Developmental—		
	Hernia	—	—
	Other	21	11
13	Orthopaedic—		
	Posture	—	—
	Feet	14	5
	Other	10	1
14	Nervous System—		
	Epilepsy	1	—
	Other	5	1
15	Psychological—		
	Developmental ..	30	7
	Stability	30	14
16	Abdomen	2	1
17	Other	6	4

Table C—Inspections
at Non-L.E.A. Schools

Periodic Inspections		Special Inspections	
(T)	(O)	(T)	(O)
(5)	(6)	(7)	(8)
4	—	—	—
12	—	—	—
—	—	—	—
—	—	—	—
—	3	—	—
—	—	—	—
—	—	—	—
1	—	—	—
—	—	—	—
—	—	—	—
—	1	—	—
1	—	—	—
—	—	—	—
—	1	—	—
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—
1	—	—	—

(4) TREATMENT

CHURCHMAN HOUSE CLINICS

A clinic is held by a School Medical Officer every Monday morning at Churchman House. This enables School Medical Officers to refer cases from medical inspection so that they can be followed up in more detail than is possible at a school medical inspection.

A special clinic for bed-wetters is also held weekly.

In addition, school children with minor ailments are seen each morning at headquarters by the School Nurse.

ENURESIS CLINIC

The Enuresis Clinic for children who wet the bed is now firmly established as a necessary and worthwhile part of the School Health Service. The clinic is held weekly at the Health Department, and during the year 82 children were seen, children being referred mainly by family doctors, school medical officers and from hospital out-patient clinics.

The basis of treatment is the alarm unit which wakens the child as soon as he or she starts to wet the bed. In addition, a few simple rules and general advice on the attitude to be adopted towards the child are given to the parents. Children are examined at their first attendance at the clinic and, where it appears that further investigation is required, they are referred to the appropriate specialist with the consent of the family doctor.

During 1972, the alarm unit has been loaned to 59 children, and the following is a statistical summary for the year:—

Year of Birth and Sex		No. Discharged	No. Defaulted	No. Discontinued (Not Improved)	No. under Observation at Year End	Total
1967	M	1	—	—	1	2
	F	—	—	—	1	1
1966	M	3	2	1	1	7
	F	1	—	2	1	4
1965	M	1	—	2	3	6
	F	3	—	—	2	5
1964	M	7	1	—	—	8
	F	3	—	2	1	6
1963	M	8	—	—	6	14
	F	3	—	—	3	6
1962	M	6	1	1	1	9
	F	2	1	1	1	5
1961	M	3	—	—	1	4
	F	1	—	—	—	1
1960	M	1	—	—	—	1
	F	—	—	—	—	—
1959	M	—	1	—	—	1
	F	—	—	—	—	—
1958	M	1	—	—	—	1
	F	—	—	—	—	—
1957	M	—	—	—	—	—
	F	—	—	—	—	—
1956	M	—	—	1	—	1
and earlier	F	—	—	—	—	—
Totals	M	31	5	5	13	54
	F	13	1	5	9	28

The table above shows the results for the year under review. Some children respond to treatment in a matter of a week or so, some need to use the alarm for over a month before a cure is effected, and others we do not seem to be able to help at all, although in some of these cases an improvement is obtained. From the table which follows below this latter is this year something of the order of 24%. Experience suggests that the primary bed-wetter, constantly wet

and with no serious emotional disorder, is most likely to respond to the alarm which we have now been using since May, 1961. This is the child in whom bed-wetting is primarily a habit disorder, where for some reason training at the usual age has been ineffective.

Age at issue of Alarm	Dry	Improved	Not Improved
5	1	—	4
6	7	—	2
7	7	1	4
8	9	6	1
9	6	2	2
10	3	—	—
11	1	1	—
12	—	—	—
13	—	1	—
14	—	—	—
15 and above	—	—	1
Total	34 (57·6%) (27 boys 7 girls)	11 (18·6%) (6 boys 5 girls)	14 (23·8%) (7 boys 7 girls)

The table above records individual children who have used the alarm during 1972, of whom 3 boys and 1 girl had become dry after using the alarm on a previous occasion but later relapsed. Of these, 2 boys again became dry after the second issue, the condition of 1 boy was improved, and of 1 girl unimproved.

Also included are 2 boys and 2 girls who, having made little or no progress after using the alarm on a previous occasion, were given a further trial when older. Of these 1 boy and 2 girls became dry and the condition of 1 boy was unimproved.

Enquiries made during the year of 33 children, three months after having discontinued using the alarm unit, revealed that 18 were still dry, 13 were wetting occasionally, and 2 were wet most nights. In the case of the latter, further attendance at the clinic was invited.

In the case of 23 children, twelve months after ceasing to use the alarm unit, 15 were still dry, 6 were wetting occasionally, and 2 were wet most nights.

DISTRICT MINOR AILMENT CLINICS

Weekly sessions are held at schools situated in various parts of the city.

The following is a summary of the defects treated:—

	(a) At Churchman House	(b) At District Clinics	(c) Others of which we know (e.g. General Practitioner, Hospital, etc.)	(d) Total
Ringworm of the Head	—	—	—	—
Ringworm of the Body	—	—	1	1
Impetigo	—	—	7	7
Scabies	8	—	33	41
Acne	—	—	4	4
Warts (excluding Plantar Warts) ..	2	40	20	62
Plantar Warts ..	149	312	10	471
Minor Injuries ..	1	3	2	6
Septic Sores	1	6	2	9
Other Skin Diseases ..	6	9	114	129
Blepharitis	—	—	5	5
Conjunctivitis	—	—	4	4
Other Minor Eye Defects	—	1	3	4
Otorrhoea	—	—	25	25
Other Ear Defects ..	—	—	47	47
Defects of Nose and Throat	—	—	67	67
Enlarged Glands ..	—	—	3	3
Other Defects	—	—	81	81

OPHTHALMIC CLINIC

Pupils suffering from defective vision or squint are referred to an Ophthalmic Surgeon by the School Medical Officers. Occasionally cases are referred by General Practitioners through School Health channels.

School Ophthalmic Clinics are held at the Out-Patient Department of the Norfolk and Norwich Hospital in the charge of Dr. P. H. Beattie. Normally three sessions are held weekly, viz:—

Monday at 3.0 p.m. - Dr. W. J. Naunton
 Tuesday at 9.30 a.m. - Mr. P. J. L. Hunter
 Wednesday at 10.0 a.m. - Dr. P. H. Beattie

Appointments are made through the School Health Service, but the dispensing of spectacles is arranged through the National Health Service.

As considered necessary by the Ophthalmic Surgeon, orthoptic treatment and investigation is carried out at the Norfolk and Norwich Hospital.

102 sessions were held on our behalf by the Ophthalmic Specialists during the year.

Eye Diseases, Defective Vision and Squint

	Number of Cases known to have been dealt with
External and other, excluding errors of Refraction and Squint	13
Errors of refraction (including Squint)	
(i) Pupils at L.E.A. Schools ..	788
(ii) Pupils at Non-L.E.A. Schools	46
Total ..	847
Total number of pupils for whom spectacles were prescribed	
(i) Pupils at L.E.A. Schools ..	277
(ii) Pupils at Non-L.E.A. Schools	16

CARDIAC CLINIC

Facilities exist for the School Health Service to arrange for children to be seen at a Cardiac Clinic held by Dr. W. A. Oliver, M.B.E., under the aegis of the Regional Hospital Board.

During the year 55 school children (including 11 new cases) were examined and the following diagnoses were made:—

	New Cases	Old Cases
Atrial Septal Defect	1	2
Ventricular Septal Defect	2	19
Coarctation of Aorta	—	3
Pulmonary Stenosis	—	10
Aortic Stenosis	—	4
Fallot's Tetralogy	—	1
Innocent Systolic Murmur	6	4
Cardiomegaly	1	—
Enlarged Heart	—	1
Hypercaleaemic Supra-Valve Stenosis	1	—

54 of these children had no restriction placed on their physical activities and 1 was debarred from all competitive physical activities.

DISEASES OF EAR, NOSE AND THROAT

(a) Treatment of Otitis Media

Children suffering from otitis media come to notice through various agencies, but chiefly through the School Medical Staff and Head Teachers.

When considered advisable, and with the approval of the family doctor, cases are referred for examination by the specialist at the Out-Patient Department of the Norfolk and Norwich Hospital and treatment is continued or modified according to his findings.

25 children are known to have been treated including 11 new cases who were referred to the Ear Specialist during the year, and 2 cases which had recurred.

The following table shows the number of cases known to us of otitis media in school children treated by the local authority and otherwise during the last ten years.

	(a) At Churchman House	(b) At District Clinics	(c) Others of which we know (e.g. General Practitioner, Hospital, etc.)	(d) Total
1972	—	—	25	25
1971	—	—	29	29
1970	—	—	30	30
1969	—	3	35	38
1968	2	—	35	37
1967	1	4	24	29
1966	—	6	36	42
1965	—	3	24	27
1964	1	7	24	32
1963	—	11	19	30

(b) Tonsillectomy 1965—72

The Jenny Lind Hospital tells us monthly of the children whose tonsils and adenoids were removed in the hospital.

The following are the yearly figures thus obtained:

1965	..	..	276	1969	..	..	234
1966	..	..	318	1970	..	..	219
1967	..	..	254	1971	..	..	271
1968	..	..	237	1972	..	..	259

The numbers and ages of the school children who had this operation in 1972 were as follows:—

Age	Boys	Girls	Total
4 Years	6	2	8
5 "	37	28	65
6 "	35	24	59
7 "	30	16	46
8 "	11	15	26
9 "	20	12	32
10 "	7	5	12
11 "	4	5	9
12 "	—	2	2
Total	150	109	259

(c) Arrangements for the Ascertainment and Treatment of Children with Defective Hearing

As before, the hearing of school children was checked as part of the routine school medical examination of entrants.

The rapid sweep method using a pure tone audiometer was employed.

Any children failing in this test are referred after one month to the central clinic at Churchman House for a further testing, and children of other ages about whose hearing ability there is any doubt, are similarly referred.

If the presence of deafness is confirmed, then arrangements are made (with the approval of the family doctor) for the child to be examined by an otologist.

The following table shows the number of children tested audiometrically during the year, and the results obtained:—

	Entrants
No. of audiometric tests carried out on children at school by School Nurses ..	2917
No. of children referred to central clinic for further test	287
No. referred from previous year	13
No. of children found to be deaf on re-testing:	
—In both ears	89
—In one ear only	67
No. of children whose hearing was found to be within normal limits on re-testing	119
No. of children awaiting re-testing at end of year	25
	Other Pupils Referred
No. of other children referred to central clinic for testing	101
No. of children found to be deaf on testing:	
—In both ears	35
—In one ear only	10
No. of children whose hearing was found to be within normal limits on testing ..	51
No. of children awaiting test at end of year ..	5

(d) Special Classes for Partially Hearing Children

Two Partially Hearing Units are established in Norwich to help those children most seriously handicapped by deafness. The Unit attached to the Lakenham Middle School, opened in September, 1956, caters for such children between 8 and 12 years, and the Unit opened in April, 1968, attached to Lakenham First School, is for the younger children.

At the end of the year 13 boys and 10 girls were in full-time attendance at these Units including 4 boys and 1 girl by arrangement with other Local Education Authorities.

Other children with known hearing defects, some of them using hearing aids, are visited from time to time at their local schools by the Teacher of the Deaf, or in the case of the very young child, at home.

A Teacher of the Deaf also assists at the Consultants Clinic at the Jenny Lind Hospital. First and pre-school children may need to be seen at home several times, to be conditioned for diagnostic testing.

Diseases and Defects of Ear, Nose and Throat

	Number of Cases known to have been dealt with
Received Operative Treatment—	
(a) for diseases of the ear	60
(b) for adenoids and chronic tonsillitis	259
(c) for other nose and throat conditions	12
Received other forms of treatment ..	139
Total ..	470
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) In 1972	6
(b) In previous years	42

ORTHOPÆDIC TREATMENT

Children suffering from orthopædic defects are referred by the School Medical Officers from school medical inspections, school clinics, etc., and are seen (with the approval of the family doctor) by the Orthopædic Surgeons at their out-patients clinics at the Jenny Lind and Norfolk and Norwich Hospitals. The initial appointments are sent to the parents through the School Health Service and the Orthopædic Specialists report on all new cases seen. Treatment such as the supply of surgical boots and instruments, and the wedging of footwear, is arranged by the specialists through the Hospital Service.

13 children attending Primary Schools and 2 attending Secondary Schools were referred during the year as new cases, and 14 Primary School Children and 19 Secondary School Children continued treatment from the previous year.

The following table shows the diagnosis of the children seen by the Specialists:—

Diagnosis	New Cases attending		Old Cases attending		Total Cases attending	
	Prim-ary Schools	Second-ary Schools	Prim-ary Schools	Second-ary Schools	Prim-ary Schools	Second-ary Schools
Faulty Posture ..	—	—	—	3	—	3
Flat Foot	3	—	—	—	3	—
Intoeing Gait ..	2	—	—	—	2	—
Calcaneal Apophysitis	2	—	—	—	2	—
Fractures	2	—	—	—	2	—
Spastic Paralysis ..	1	—	8	5	9	5
Spina Bifida	—	—	6	2	6	2
Pseudo Hypertrophic Muscular Paralysis	—	—	—	3	—	3
Miscellaneous ..	3	2	—	6	3	8
Totals ..	13	2	14	19	27	21

Orthopædic and Postural Defects

	Number of Cases known to have been treated
(a) Pupils treated at clinics or out- patients departments	48
(b) Pupils treated at school for postural defects	122
Total ..	170

RINGWORM

No new cases of Ringworm of the Scalp were notified by the Hospital Authority during the year in children attending schools in Norwich.

UNCLEANLINESS

Children at school are examined periodically for uncleanness. Any child whose person or clothing is found to be in a verminous or filthy condition is immediately excluded from school (except in the case of a first offence where the condition is a very slight one), and a notice acquainting the parent of the position is posted on the same day.

This notification is followed up as soon as possible by a home visit from the Health Visitor or School Health Assistant who advises the parent on the best method of cleansing and endeavours to persuade any contacts to attend for examination.

A certificate of fitness has to be obtained either from the family doctor, or from the Medical Officer or Nurse at the nearest Minor Ailments Clinic before the child is permitted to return to school.

Infestation with Vermin

	At L.E.A. Schools
(a) Total number of individual examinations of pupils in Schools by the School Nurses and other authorised persons	56421
(b) Total number of individual pupils found to be infested:—	
(i) by School Health Assistant, etc.	234
(ii) by Medical Officers	Nil
(c) Number of individual pupils in respect of whom cleansing notices were issued:—	
(1) Under Section 54(2) of the Education Act, 1944	Nil
(2) Under Section 73 of the Norwich Corporation Act, 1933	2
(d) Number of individual pupils in respect of whom cleansing orders were issued under Section 54(3) of the Education Act, 1944	Nil
(e) Number of individual pupils compulsorily cleansed under arrangements made by the Local Education Authority	Nil
(f) Number of individual pupils cleansed at parents' request under arrangements made by the Local Education Authority	158
(g) Number of individual pupils cleansed by parents	76

Of the total school child population 1.10% were found during the year to have verminous heads.

No children were excluded on account of uncleanness of clothing during the year.

SPEECH THERAPY

At the end of the year two Speech Therapists were employed by the local Education Authority for a total of six sessions weekly.

Cases are referred by the doctors from School Medical Inspections, School Clinics and Infant Welfare Centres; by the Health Visitors, the Head Teachers, and occasionally by Hospital Consultants and Family Doctors.

The following table shows the categories of the defects of the 189 school children and 7 children under school age treated during the year:—

Diagnosis	No. of New Cases Treated	No. of Old Cases Treated	Total Cases Treated	% of all types of Cases Treated	Discharged as cured (by defect)	
					No.	%
Disorders of Articulation:						
Difficulty with Consonants	2	5	7	3.6	3	42.9
Dyslalia ..	26	44	70	35.7	33	47.1
Fast Speech ..	1	1	2	1.0	1	50.0
Indistinct Speech ..	8	7	15	7.7	2	13.3
Nasal Speech	1	2	3	1.5	1	33.3
Rhotacism ..	—	1	1	0.5	1	100.0
Sigmatism ..	—	14	14	7.1	12	85.7
Disorders of Fluency:						
Stammer ..	2	13	15	7.7	6	40.0
Disorders of Language:						
Aphasia ..	—	1	1	0.5	1	100.0
Delayed Speech ..	13	38	51	26.0	17	33.3
Multiple Disorders:						
Cleft Palate ..	—	2	2	1.0	—	—
Hyper- Rhinophonia	—	2	2	1.0	2	100.0
Spastic ..	1	7	8	4.1	—	—
Voluntary Mutism ..	—	5	5	2.6	1	20.0

At the end of the year 38 cases were attending the Centres for treatment, and 107 other cases were under observation.

A total of 2,566 attendances were made at the Centres during the year by school children, and 24 by children under school age.

A close liaison exists between the Speech Therapist and Head Teachers, the Teacher for the Deaf, the Child Guidance Clinic and School Medical Staff.

(5) SCHOOL DENTAL SERVICE

The Principal School Dental Officer reports:—

Dental Inspection

School population at 31st August, 1972—19,375.

At school dental inspections 81.5% were seen during the year for the first time.

11.1% received their first dental inspection at one or other of the school dental clinics.

10.1% of these two groups were recalled for a further inspection.

Of those offered treatment at each school an average of 41% elected to have treatment at the school clinics.

Dental Treatment

All routine dental treatment was given at the school clinics.

For each permanent tooth extracted 8.9 were filled, while 1.1 deciduous teeth were filled for each one extracted.

For the most part teeth were extracted under general anaesthesia. Two anaesthetic sessions were held each week, a part-time medical anaesthetist attending.

All general anaesthetic sessions were held at 36, Unthank Road, patients being referred from other city clinics.

Orthodontic Treatment

Other than those orthodontic patients whose condition was resolved solely by extractions 49 new patients were treated with removable appliances during the year.

Orthodontic appliances and dentures were constructed by a firm of technicians in the city.

Dental Staff

Four full-time Dental Officers including the Chief Dental Officer.

One part-time Dental Officer.

During the year part-time sessions were increased from six to eight a week.

Two medical anaesthetists attended, each working one session a week.

Four full-time Dental Nurses.

Two part-time Dental Nurses, one working six sessions, the other two.

Clinics

Unthank Road—Four surgeries; two used full-time.

One used five sessions a week;

One used one session a week.

Tuckswood—One surgery used alternate weeks nine and ten sessions.

Heartsease—One surgery used eight sessions a week.

Catton Grove—One surgery used five sessions a week.

Equipment

Equipment purchased during the year:—

(1) One dental chair conversion at Tuckswood.

(2) One dental chair at Tuckswood.

(3) One filing cabinet at Unthank Road.

During the year the City School Dental Department took part in the pilot scheme for the National Child Dental Health Survey.

Dental Inspection and Treatment carried out by the Authority during the year ended 31st December, 1972

(a) Inspections

	Number of Pupils		
	Inspected	Requiring Treatment	Offered Treatment
(a) First inspection at school	15801	} 9787	7556
(b) First inspection at clinic	2152		
(c) Re - I n s p e c t i o n at school or clinic..	1825	1182	1119
Totals ..	19778	10969	8675

(b) Visits (for treatment only)

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit in the calendar year ..	1486	1568	125	3179
Subsequent visits	2411	3236	230	5877
Total visits	3897	4804	355	9056

(c) *Courses of treatment*

Additional courses commenced..	338	408	33	779
Total courses commenced ..	1824	1976	158	3958
Courses completed	—	—	—	3374

(d) *Treatment*

Fillings in permanent teeth ..	1425	4671	474	6570
Fillings in deciduous teeth ..	2677	275	—	2952
Permanent teeth filled	1118	3918	411	5447
Deciduous teeth filled	2301	246	—	2547
Permanent teeth extracted ..	74	474	62	610
Deciduous teeth extracted ..	1541	764	—	2305
General Anaesthetics	509	342	24	875
Emergencies	228	142	8	378

Number of pupils X-rayed	277
Prophylaxis	611
Teeth otherwise conserved	1066
Number of teeth root filled	—
Inlays	—
Crowns	2

(e) *Orthodontics*

New cases commenced during year	49
Cases completed during year	29
Cases discontinued during year	5
No. of removable appliances fitted	69
No. of fixed appliances fitted	—
Pupils referred to Hospital Consultant	23

(f) *Dentures*

Number of pupils fitted with dentures for the first time:—	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
(a) with full denture	—	—	—	—
(b) with other dentures	1	5	4	10
Total ..	1	5	4	10
Number of dentures supplied .. (first or subsequent time) ..	1	5	4	10

(g) *Anaesthetics*

General Anaesthetics administered by Dental Officers —

(h) *Sessions*

	Admin- istrative Sessions	Number of clinical sessions worked in the year					Total Sessions
		School Service			M. & C.W. Service		
		In- spection at School	Treat- ment	Dental Health Educa- tion	Treat- ment	Dental Health Educa- tion	
Dental Officers .. (including P.S.D.O)	36	156	1808	—	20	—	2020
Dental Auxiliaries ..	—	—	—	—	—	—	—
Dental Hygienists ..	—	—	—	—	—	—	—
Total ..	36	156	1808	—	20	—	2020

(i) *Dental Health Education*

Posters on Dental Health and Hygiene were made available to Head Teachers at First, Middle and Senior Schools during the year.

Dental Health has been part of the Course Content in Parentcraft and Child Care programmes taken by Health Visitors with 4th Year girls (and some boys) in 5 Comprehensive and 1 Special School. It has also featured in Health programmes for 4th Year boys and mixed groups taken by Health Education Officers in 4 Comprehensive Schools.

Dental Health sessions, including a Dental Health Puppet Show have been held in some First and Middle Schools. Altogether 1,600 children have taken part in these sessions.

(j) *Children under 5 years of age who attend no school*

First visit	83
Subsequent visits	101
Total visits	184
Additional courses of treatment commenced	15
Fillings	155
Teeth filled	132
Teeth extracted	46
General Anaesthetics	23
Emergencies	12
Number of patients X-rayed	1
Prophylaxis	13
Teeth otherwise conserved	28
Courses of treatment completed	61

(6) INFECTIOUS DISEASES
INFECTIOUS DISEASES NOTIFIED, 1972

SCHOOL OR SCHOOL GROUP	Number on Roll at end of Year	Diphtheria			Scarlet Fever	Measles	Whoop- ing Cough	Food Poi- son- ing	Resp. T.B.	Non- Resp. T.B.	Dysen- tery	Jaundice	Ac. Polio- myelitis
		Cases	Carriers	Excluded Carriers	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Contacts Excluded
Angel Road F. . .	336	—	—	—	—	6	—	—	—	—	—	1	—
Avenue M. & F.	683	—	—	—	1	6	1	—	—	—	—	—	—
Bignold M. & F.	392	—	—	—	—	—	—	—	—	—	—	—	—
Blackdale M. . .	318	—	—	—	—	—	—	—	—	—	—	—	—
Blyth S. . .	945	—	—	—	—	—	—	—	—	—	—	2	—
Bowthorpe S. . .	588	—	—	—	1	—	—	1	—	—	—	6	—
Catton Grove M. & F.	805	—	—	—	—	3	—	—	—	—	—	1	—
Cavell Pr. . .	316	—	—	—	—	1	—	—	—	—	—	—	—
Clare Special . . .	55	—	—	—	—	—	—	—	—	—	—	—	—
Clarkson M. & F.	528	—	—	—	—	21	—	—	—	—	—	4	—
Colman M. & F.	778	—	—	—	—	—	—	—	—	—	—	—	—
Dowson F. . .	184	—	—	—	2	9	—	—	—	—	—	7	—
Earlham S. . .	810	—	—	—	—	—	—	—	—	—	—	3	—
Earlham Nursery	60	—	—	—	1	1	—	—	—	—	—	1	—
Eaton (C.N.S.) . .	805	—	—	—	—	—	—	—	—	—	—	—	—
Fairway Pr. . .	354	—	—	—	1	1	—	—	—	—	—	—	—
George White M.	414	—	—	—	—	—	—	—	—	—	—	—	—
Harford Manor Special	94	—	—	—	—	—	—	—	—	—	—	—	—
Heartsease S. . .	805	—	—	—	—	—	—	1	—	—	—	1	—
Heartsease M. & F.	764	—	—	—	2	1	—	1	—	—	—	—	—
Heigham Park F.	161	—	—	—	1	1	—	—	—	—	—	—	—
Hewett S. . .	1521	—	—	—	—	—	—	—	—	—	—	1	—
Jex S. . .	496	—	—	—	—	—	—	—	—	—	—	6	—
Lakenham M. & F.	718	—	—	—	1	—	—	1	—	—	—	—	—

B.C.G. Vaccination

B.C.G. Vaccination was again offered to all 13-year-old school children, and older school children not already vaccinated.

84.43% (80.47% in 1971) parents of 13-year-old children gave their consent.

The findings during the year were as follows:—

	No.	Positive	%	No. Vaccinated with B.C.G.
13-year-old children	1290	19	1.47	1214
Older school children	375	3	0.80	345

The positive reactors were referred to the Consultant Chest Physician.

Tuberculin Testing of School Entrants

During the year Heaf tests have continued to be carried out at the time of the first routine school medical inspection, of all entrants to Infant Schools whose parents have given written permission for this to be done.

The findings during the year were as follows:—

No. of Entrants Examined	No. whose parents consented	%	Heaf Tests Positive	%
2123	1757	82.7	30	1.8

Of the 30 children who gave positive reactions 15 were from families already known to the Chest Physician, having previously had B.C.G. vaccination, and 15 were within normal limits.

Poliomyelitis Vaccination

During the year 53 school children were given a course of 3 doses, and 1,351 were given the fourth dose. Oral vaccine was used.

Measles Vaccination

Measles vaccination was continued in 1972.

The age groups dealt with were:—

Year of Birth:	1972	1971	1970	1969	1965-8	Others under 16	Total
No. Vaccinated:	2	598	304	87	98	852	1941

839 of the vaccinations were given by general practitioners.

Rubella Vaccination

Offer of vaccination against Rubella for girls in their 14th year continued in schools, and with the ultimate aim being to offer this protection to girls in their 12th year, we also offered this facility to girls in their 12th and 13th years.

Family doctors also continued to vaccinate against Rubella.

During the year 1,313 (1,294 under 16) vaccinations were carried out, 1,249 (all under 16) by the department and 64 (45 under 16) by the family doctors.

(7) HANDICAPPED PUPILS

The following table shows the number of boys and girls in each category, and the type of school at which each was in attendance in December, 1972.

Pupils suffering from more than one handicap have been classified under the major handicap.

Category	Handicap	At Special School				At Ordinary School		A Home		Total	
		Residential		Day		Boys	Girls	Boys	Girls	Boys	Girls
		Boys	Girls	Boys	Girls						
A	Blind Pupils ..	1	—	—	—	—	—	—	—	1	—
B	Partially Sighted Pupils ..	1	—	—	—	—	—	—	1 <i>d</i>	1	1
C	Deaf Pupils ..	—	1	—	—	—	—	—	—	—	1
D	Partially Hearing Pupils ..	—	2	—	1	—	—	—	—	—	52
E	Educationally Sub-normal Pupils ..	10	2	125	103	58 <i>a</i>	17 <i>b</i>	5 <i>f</i>	3 <i>f</i>	162	125
F	Pupils suffering from Severe Epilepsy	1	—	—	2	3	5	—	—	4	7
G	Maladjusted Pupils ..	1	—	—	—	—	—	—	—	3	1
H	Physically Handicapped Pupils ..	1	—	—	—	2 <i>c</i>	—	—	1 <i>d</i>	3	1
I	Pupils suffering from Defective Speech ..	—	—	16	11 <i>g</i>	4 <i>e</i>	4	2 <i>h</i>	3 <i>h</i>	23	18
J	Delicate Pupils ..	1	—	—	—	90	24	—	—	90	24
		—	—	3	1	—	1	3 <i>d</i>	1 <i>d</i>	7	3
	Total ..	16	5	144	118	179	100	10	9	349	232

- (a) Includes 9 boys and 9 girls attending Special Class for Partially Hearing Pupils.
- (b) Includes 17 boys and 15 girls on waiting list for admission to Special School of appropriate type.
- (c) Includes 1 boy at Hostel for Maladjusted Children and 1 boy on waiting list for admission to Special School of appropriate type.
- (d) Being taught by the Visiting Teacher.
- (e) Includes 1 boy on waiting list for admission to Special School of appropriate type.
- (f) On waiting list for admission to Special School of appropriate type.
- (g) Includes 1 girl on register of special day school, but temporarily being taught by the Visiting Teacher at the end of the year.
- (h) Includes 1 boy and 2 girls on waiting list for admission to Special School of appropriate type but at present under statutory school age, and 1 boy and 1 girl being taught by the Visiting Teacher.

(a) RESIDENTIAL SPECIAL SCHOOLS

The following table shows the Residential Special Schools, Hostels, and Hospital Special Schools at which Norwich children were in attendance in December, 1972:—

Handicap	No. of Norwich Pupils in attendance at end of year		Name of Special School or Hostel
	Boys	Girls	
Blind	1	—	Sunshine House, Leamington Spa, Warwickshire.
Partially Sighted	1	—	E. Anglian School, Gorleston.
Deaf	—	1	E. Anglian School, Gorleston.
Partially Hearing	—	1	Tewin Water School, Welwyn, Herts.
Educationally Sub-normal ..	—	1	Ingfield Manor School, Billingshurst, Sussex.
	1	—	Besford Court School, Worcester.
	1 8	— 2	Sidestrand Hall, Norfolk. Little Plumstead Hospital.
Epileptic	1	—	Lingfield School, Surrey.
Maladjusted ..	1	—	Heanton School, Barnstaple, Devon.
	1	—	Morley Hall Hostel, Norfolk.
Physically Handicapped ..	1	—	Warlies School, Waltham Abbey, Essex.
Delicate	1	—	Lord Mayor Treloar College, Alton, Hants.

(b) DAY SPECIAL SCHOOLS

Educationally Sub-normal Pupils

These are accommodated at the Parkside and Harford Manor Special Schools for Educationally Sub-normal Pupils.

36 new cases were mentally examined during the year and 5 re-examinations were made. The following tables show the sources from which the new cases were referred, and the recommendations which were made:—

New cases examined mentally	..	..	..	..	36
Source: Head Teachers	..	..	..	29	
School Health Service	..	..	..	5	
Hospital Consultant	..	..	..	2	
Re-examinations	..	..	..	..	5

	Boys	Girls
Recommendations, following examination:		
Special Day School (Parkside)	8	7
Special Day School (Harford Manor) ..	9	5
Westwood Tutorial Centre	1	—
Re-examination later (ordinary school mean-time)	6	4
Re-examination later (under school age) ..	1	—

In addition 8 boys and 9 girls already attending Special (E.S.N.) Schools were brought forward for special examinations, and the following recommendations were made:—

	Boys	Girls
Community Care	6	7
Fit for Employment	—	1
Remain at Special Day School (E.S.N.) ..	2	—
Transfer to Little Plumstead Hospital (S.S.N.) ..	—	1

Physically Handicapped and Delicate Pupils

Pupils who require special educational treatment because they are physically handicapped or delicate are admitted to the Day Special School at Colman Road, known as The Clare School.

	Boys	Girls
Number on Register at beginning of year ..	20	16
Number admitted during the year	2	1
Number left during the year	3	2

	Boys	Girls
Fit for ordinary school ..	—	1
Left School for Employment	2	1
Child Deceased	1	—

Number on Register at end of year	19	15
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Also 10 boys and 11 girls by an arrangement with Norfolk County Education Authority.

Disease or Disability for which admitted	Boys	Girls
1. Respiratory.		
Asthma	2	—
2. Orthopædic.		
Spinal Deformity	1	—
3. Nervous System.		
Cerebral Palsy	6	5
Spina Bifida	3	3
Epilepsy	—	2
Muscular Dystrophy	2	—
Cerebella Ataxia	1	—
4. Other.		
Unsatisfactory General Condition ..	1	—
Congenital Defects	—	2
Partially Hearing	—	1
Heart Disease (Congenital)	1	1
Transverse Myelitis	—	1
Ectopic Bladder	1	—
Delicate (resulting from Galactosaemia)	1	—
	19	15

(c) HOME TUITION

Handicapped pupils who, in consequence of their disability, have to be taught in their own homes by the Visiting Teachers are examined periodically during the year by a Medical Officer.

In November, 1955, the Education Committee agreed to develop this work in various ways, including the payment of regular visits to the Jenny Lind Hospital for Children, and the Burns Ward of the West Norwich Hospital, by the Teachers.

Children absent or likely to be absent from ordinary school, and at home for a month or more with injuries or non-infectious illness are also considered with a view to home tuition.

At the end of the year 4 boys and 5 girls were being taught in their homes by these Teachers. They were suffering from the following defects:—

Boys : Leukaemia (2 boys); Fractured Finger, Right Hand; Convalescent following Left Orchidopexy.

Girls : Benign Congenital Hypotonia; Injured Head (road accident); Accidental Burns; Cataract of Left Eye (Post-operative); Gross Maladjustment.

In addition 14 boys and 14 girls were taught in their homes for short periods during the year. They suffered from the following defects:—

Boys : Fracture of Tibia (2 boys); Fracture of Right Femur and Left Tibia; Dislocation of Shoulder; Ingrowing Toenails (post-operative); Claw Toes (post-operative); Ectopic Bladder (post-operative); Partial Epispadias involving external Sphincter (post-operative); Right Retinal Detachment; Lymphangioma Right Foot; Acute Nephritis; Gross Maladjustment (3 boys).

Girls : Fracture of Femur (2 girls); Injured Ankle; Dislocation left Hip-joint; Dislocation of Spine; Injured Kidney (road accident); Hepatitis; Bronchitis; Appendicitis (post-operative) (2 girls); Hirschsprung's Disease; Gross Maladjustment (3 girls).

(8) DEATHS OF SCHOOL CHILDREN

There were four recorded deaths of children of school age compared with six in the previous year. The causes of death were :—

Boys :

Aged	7 years	Cystic Fibrosis.
„	8 „	Hydrocephalus and Chronic Urinary Tract Infection.
„	9 „	Head Injuries (road accident).
„	11 „	Intestinal Obstruction due to Volvulus of Small Intestine.

Girls :

Nil.

(9) PROVISION OF MEALS

Mid-day meals are provided by the Local Education Authority to all school children whose parents request these. From time to time the School Medical Officers also put forward cases where they think meals would particularly benefit.

A free supply of school milk is no longer issued to pupils in grant-aided Secondary Schools, or to those in Middle Schools other than any who have been deemed by a Medical Officer of the Authority to require it on grounds of health.

The quantity of milk per pupil in First Schools is maintained as far as possible at one-third of a pint per day. At the Clare Special School for Physically Handicapped Children two-thirds of a pint daily is supplied free.

The percentage of children in school having school meals is 55.63, and 25.6% of the total school population (or 92.6% of eligible children) take milk, but these figures mean very little because there is a wide spread between the ages and the two sexes. Unfortunately figures by age and sex are not readily available.

In addition, under the Welfare Foods Scheme of the Department of Health and Social Security, a supply of free milk is available on application by parents for handicapped children aged 5 to 16 who are not attending an educational establishment.

(10) HOME VISITING

371 home visits were paid by the Health Visitors and Health Visitors' Assistants in respect of children who had been advised to have medical treatment.

175 children were involved in 67 families referred during the year to the National Society for the Prevention of Cruelty to Children. Of these, 31 children involved in 14 families were referred by the Local Authority.

(11) FOOD HYGIENE

Every care is taken by the School Meals Staff of the Education Department to bring to the notice of their Kitchen Staff the importance of maintaining a very high standard of hygiene. They are also encouraged to report any significant illness.

During the year 117 entrants to the School Meals Staff were medically screened.

As a precautionary measure, food samples are kept for 48 hours after each meal.

(12) EXAMINATION OF TEACHERS, ETC.

At the request of the Chief Education Officer 129 students, prior to commencing at teacher training college, were medically examined during the year, and 183 newly appointed teachers had a recent chest X-ray report, and where necessary, a full medical examination.

(13) EMPLOYMENT OF CHILDREN

During the year amendments were made to the regulations concerning the employment of children outside school hours. From August medical examination of children within 14 days from the date when employment began was discontinued except in any case where this still appeared necessary.

221 examinations were carried out from 1st January to 3rd August under these regulations, no cases being referred between the latter date and the year end.







